

‘Doing Ecstasy in Christchurch’

**Ecstasy users’ experiences in relation to drug regulation
strategies in New Zealand**

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This thesis explores the relationship between ecstasy users' experiences in a variety of settings and drug regulation strategies in New Zealand. Fieldwork based, it presents the practices and knowledge utilised by a set of users 'doing ecstasy' in Christchurch. The research aims to both extend the sociological literature on ecstasy consumption and produce an analysis that could contribute to the development of harm reduction strategies in New Zealand. It accomplishes this primarily through interviews in which ten Christchurch users reflect on their experiences with ecstasy. This study is supplemented with participant observation within a number of settings in which ecstasy is consumed and quantitative analysis of forty questionnaires distributed through the social networks of those interviewed.

This study contributes to the body of knowledge in the field of sociological drug research and harm reduction policy through its exploration of three themes, **production, fluidity and control**. I argue that what ecstasy 'does' is neither completely socially constructed nor the direct consequence of the drugs' pharmacology. Instead, I demonstrate that experiences of ecstasy are produced and emerge as an effect of users' employment of specific practices and knowledge. From this perspective, users both 'make' and 'let' the effects of ecstasy occur. Users' practices and knowledge are seen as fluid with respect to time, space, people and place. Finally, users' strategies for controlling and managing their negative experiences of ecstasy are discussed.

This thesis demonstrates that users' experiences, practices and knowledges of ecstasy are constantly in flux, and considers the implications of this fluidity for harm reduction policy. Attention is directed towards local practices in specific settings and the relevance of locality and spatiality for drug-related harm. I conclude that harm reduction with respect to ecstasy demands a range of strategies by multiply positioned groups and individual actors. I argue that further detailed qualitative research into users' experiences of ecstasy would be beneficial in the development of harm reduction strategies in New Zealand.

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‘From Medical Miracle to Societal Problem’

Deriving from the classical Greek term ‘Ekstasis’, ecstasy can describe a state of trance, characterised by a movement in which the soul, when leaving the body, has visual hallucinations. Select individuals, called Shaman, fulfil the role of inducing these ecstatic states of trance by becoming the intermediary between the everyday world and the sacred realm of an alternative reality (Grob, 2000: 550; Hornblower & Spawforth, 1996: 505).

Conceptualisations of ecstasy expanded in the 1970’s when recreational users coined ‘ecstasy’ as the ‘street name’ for substances purported to contain 3, 4 Methylenedioxymethamphetamine (MDMA) (Hansen, Maycock, & Lower, 2000: 182).¹ A pharmacological definition describes MDMA as a member of the phenylethylamine family of drugs. This family is related to both the mescaline and the amphetamine branch of drugs. Consequently, MDMA is often described as containing both stimulant and hallucinogenic properties. However, defining which category MDMA belongs within is still largely contested within the scientific arena (Grob, 2000: 549).²

From the 1980’s, the use of ecstasy became identified as an essential component of a new social movement that involved large groups of young adults engaging in collective dance parties called ‘raves’.³ Reporting largely positive effects, these young adults argued that the drug ecstasy increases energy, peacefulness, insight, sociability and induces euphoric sensations, happiness, feeling of closeness and empathy towards others (Boys, Lenton, & Norcross, 1997; Forsyth, 1996; Hammersley, Kahn, & Ditton, 2002; Hansen et al., 2000;

¹ As a result of the illicit manufacturing of ecstasy, many pills or capsules may contain substances other than MDMA – purity cannot be assured. Testing of ecstasy pills and capsules has shown that quite often, ecstasy is ‘cut’ with other drugs. Australian studies have showed that samples of ecstasy may contain caffeine, glucose, and ephedrine (Webb, 1998: 91). Therefore, for the purposes of this thesis, I will refer to ‘ecstasy’ as substance(s) bought and consumed purporting to contain MDMA. The term ‘MDMA’ will be employed when I am discussing the pure substance 3, 4 Methylenedioxymethamphetamine.

² The section ‘Setting the Scene’ discusses this point in further detail.

³ Defining dance parties is a complicated task and will be discussed in a more complex manner in Chapter Four. For the purposes of this chapter, dance parties take place in Christchurch nightclub settings – or occasionally outdoors – and participation involves dancing to loud music. Generally speaking, drum n bass, hip-hop, house and hard house are the main genres popular with the Christchurch dance goers and these parties can run anywhere between 11pm to 8am.

Jerome & Baggott, 2003; Lenton, Boys, & Norcross, 1997; McDermott, Mathews, O'Hare, & Bennett, 1993; McElrath, & McEvoy, 2001 a, 2002; Pini, 2001; Shewan, Dalgarno, & Gerda, 2000; Solowij, Hall, & Lee, 1992; Topp, Hando, Dillon, Roche, & Solowij, 1999; Wijngaart et al., 1999). Despite these positive claims by users, ecstasy soon became re-defined in negative terms. This was partially a consequence of sensationalised media coverage of ecstasy related deaths that occurred at dance parties. Those who focused on the less positive effects argued that ecstasy could potentially produce increased anxiety, confusion, difficulty concentrating and visual hallucinations (Crew2000, 2001; Jerome & Baggott, 2003; Solowij et al., 1992; Wijngaart et al., 1999).

The Heterogeneity of Ecstasy

From its religious beginnings to its recreational use at dance parties, ecstasy has come to mean and do different things for different social groups. For the Shaman, ecstasy defines a sacred state of being. To dance party attendees, ecstasy is one of the many components that helps shape their experiences of dancing, listening and DJ'ing electronic music in the 21st century. Within different scientific networks, pharmaceutical definitions of ecstasy vary. There is not one pharmaceutical 'effect' that can be ascribed to one branch of drugs, instead there are many simultaneous effects that could be categorised in many different ways. This suggests that what ecstasy 'does' is not a direct consequence of the drug's intrinsic qualities. Ecstasy cannot be completely defined by its pharmaceutical 'properties' or 'effects'. Rather, what ecstasy does is **constructed, negotiated and emerges** through social interaction among materially heterogeneous actors. For recreational drug users, the effects of ecstasy emerge as they practice their drug consumption within specific social settings.

This thesis explores the heterogeneous and unfolding experiences of ecstasy.⁴ I consider the argument that users' experiences of ecstasy are the effect of a multiplicity of practices played out within specific contexts. This thesis does not consider ecstasy as a passive object. Ecstasy itself is regarded as an actor integral to the construction of the practices and knowledge embedded within the participants' social networks. As users learn from other ecstasy consumers and their own experiences, participants organise their practices and knowledge around potentialising and maintaining certain forms of pleasure. In other words, I argue that

⁴ This particular focus - the construction of users' practices and knowledge as shaped by both human and non-human actors - draws on the contemporary sociological framework of Actor Network Theory (ANT). This framework will be explained in more detail in Chapter Three.

ecstasy **actively** (re)shapes and (re)configures these young adults' practices, knowledges and experiences.

Fieldwork based, this sociological study investigates what users have to say about ecstasy consumption. The thesis argues that this focus on users' accounts can help inform policy initiatives. Spurred on by the mass media and public panic, government responses to illicit drug use are often motivated by political rather than health concerns (McElrath, McEvoy, & Higgins, 1998). For example, regardless of the lack of substantial scientific or medical evidence of detrimental effects, ecstasy has largely been portrayed in negative terms by the mass media and government agencies.⁵ Within this contested arena, users' practices and knowledge are often ignored and this is reflected in poorly developed drug legislation. McElrath *et al.* explain,

The advent of each new drug predictably is accompanied by a variety of conflicting societal messages about the advantageous or the deleterious effects of a drug...In the presence of these multiple and often competing viewpoints, it is not unusual for policymakers to ignore the perspectives of the users themselves (McElrath, & McEvoy, 2001 a: 1).

Rather than ignoring users' perspectives, this thesis aims to show the usefulness of understanding users' practices and knowledge of ecstasy for the development and implementation of harm reduction strategies.⁶ It accomplishes this through analysis of interviews with ten Christchurch users' who talked about their experiences of ecstasy. This study is supplemented with participant observation within different settings in which these users consumed ecstasy and quantitative analysis of forty questionnaires distributed within the networks of those interviewed for the research.

⁵ Although various publications in medical and scientific journals have discussed the short and long term detrimental effects of ecstasy, these reports have been severely criticised. For example, Ricaurte *et al.* have researched the possibility of long term neurological damage for ecstasy consumers. In 1998, these researchers published an article in *The Lancet* which argued that users could experience brain damage as a result of their use of ecstasy. Thereafter, researchers around the world began to publish articles 'proving' the neurotoxicity of ecstasy. However, the *New Scientist* suggests that there were serious flaws in the methodology and interpretation utilised by scientists studying ecstasy (see (Concar, 2002 for further explanation on the 'flawed' methodology). More recently, Ricaurte and his research team retracted their report from a major scientific journal after discovering a labelling 'mix-up' which caused them to use methamphetamine instead of MDMA in their trials (Schmid, 2003).

⁶ Harm reduction is part of the broader 'harm minimisation' framework which is a key component of the *National Drug Policy* adopted in New Zealand in 1998. The aim of harm reduction strategies is to reduce the possible negative circumstances arising from using certain drugs *while* the user is consuming the drug. Thus, there is a focus on reducing harms associated with users' practices rather than addiction treatment or legal methods.

In this chapter, I briefly provide an overview of the history and current research on ecstasy consumption and summarise the legislative status of ecstasy in New Zealand. My rationale for choosing this topic is presented and I provide an overview of the main areas to be covered in the following chapters.

Setting the Scene

MDMA was synthesised in 1914 and patented by the German chemical company, *Merck Pharmaceuticals*, as an appetite suppressant (Weir, 2000: 1843). In the 1950's, the United States Army intelligence instigated a series of animal studies on a variety of psychoactive substances - including MDMA - with potential 'brain washing' capacities. However, MDMA did not gain popularity until 1970s when it became a valuable therapeutic tool for psychotherapy (Aldiss, 2000: 32). Scientific research illustrated MDMA's potential to help individuals to 'open up', talk honestly and empathise with one another. Coined 'Adam' by American psychotherapists, MDMA was employed to "reduce defensive barriers, while enhancing communication and intimacy" (Grob, 2000: 551). MDMA was used in therapy to treat a variety of 'mental illnesses', including, post-traumatic stress, phobias, depression and drug addiction.

During the 1970's, experts began to debate whether MDMA should be classified as a stimulant or hallucinogen. MDMA can increase heart rate, blood pressure, body temperature, energy and alertness, which are similar to the effects produced by amphetamine substances. Simultaneously, MDMA can create a sense of empathy and good feelings towards others, which are considered hallucinogenic. Many argue that MDMA is neither completely stimulant nor hallucinogenic; instead, it should be understood primarily as a mood-altering drug that does not create a loss of control or contact with reality (McDermott et al., 1993; O'Brien, Cohen, Evans, & Fines, 1992; Solowij et al., 1992; Williamson et al., 1997). McDermott *et al.* suggest that a new term should be employed that describes this category of drug: "Terms that have been suggested to describe this category include 'empathogen' (meaning creating a sense of empathy) and 'entactogen' (meaning to touch within)" (McDermott et al., 1993: 230). Within academic literature and political framings of ecstasy, the drug continues to be placed within either the stimulant or hallucinogenic categories. For instance, United Nations reports often refer to ecstasy as an 'Amphetamine-Type-Stimulant' (United Nations International Drug Control Programme, 1996) and *New Zealand Drug Statistics* refer to ecstasy as a 'hallucinogen' (New Zealand Health Information Service, 2001).

Realising the possible therapeutic benefits of MDMA, health professionals attempted to maintain its legal status. Nevertheless, in America, the drug began to attract the interests of drug dealers.⁷ By 1983, MDMA was being sold openly in Texan bars and was soon considered the “drug of choice” for students. As part of a marketing technique, drug suppliers renamed MDMA from ‘Adam’ to ‘ecstasy’ to attract and increase young adults demand for the drug (Jerome & Baggott, 2003: 33).

In Europe, recreational ecstasy consumption increased throughout the 1980’s, particularly within the social context of dance parties: “To most people MDMA has been associated with night clubs in various parts of the country that play ‘Acid House’, ‘rave’ or ‘dance culture’ music which was prevalent from around 1985, but especially since 1988” (Redhead, 1993: 9). After the advent of ‘rave’ culture in Britain, recreational ecstasy use rose dramatically. It began replacing traditional drugs such as marijuana and LSD as the “drug of choice” for many young adults (Pini, 2001: 69; Redhead, 1993: 12).⁸ Although exact statistics are unknown, anecdotal evidence suggests that “millions” of young adults have taken ecstasy in the United Kingdom (Saunders, 1997). Grob (2000) who reviewed a *Harris Opinion Poll* for the British Broadcasting Corporation (BBC) found that 31% of those studied aged between 16 and 25 had tried ecstasy. Those questioned, explained that 67% of their friends had tried ecstasy and that most of this consumption took place at dance parties (Grob, 2000: 556). In 1989, the death of 19-year-old Clair Leighton occurred in Britain and was alleged to have been a ‘side effect’ of ingesting ecstasy. Her death occurred at the Hacienda, one of the most popular British nightclubs of the eighties. According to Redhead, this began the ongoing attention “to the relationship between the twin evils of ‘Acid House parties’ and ecstasy” (Redhead, 1993: 13). ‘Panic’ over the detrimental effects of ecstasy soon swept worldwide, prompted by the World Health Organisation (WHO) pronouncing ecstasy a “non-beneficial” drug (Webb, 1998: 443).

Existing Research on Ecstasy Consumption

In the context of rising panic, researchers from around the world began to examine patterns of consumption and risk producing behaviours of young adults using ecstasy.⁹ Research has been conducted in England (Bellis, Hughes, & Lowey, 2002; Hammersley, Ditton, Smith, & Short, 1999; Hammersley et al., 2002; Williamson et al., 1997; Winstock, Griffiths, &

⁷ Following exaggerated media portrayals that polarised definitions of MDMA as either a “medical miracle”, “fun drug” or “dangerous” and publicised legal hearings on the scheduling of MDMA as a controlled drug, ecstasy became of interest to drug dealers.

⁸ See Chapter Four for a detailed account of dance culture within the local context of Christchurch.

⁹ See Chapter Two for a review of this literature.

Stewart, 2001), Scotland (Forsyth, 1996; Riley, James, Gregory, Dingle, & Cadger, 2001; Shewan et al., 2000), Ireland (McElrath, & McEvoy, 2001 a, 2002), Australia (Hansen et al., 2000; Lenton et al., 1997; Solowij et al., 1992; Topp et al., 1999), Canada (Weir, 2000), USA (Baggott, 2002) and the Netherlands (Wijngaart et al., 1999). Recently, the United Nations *Ecstasy and Amphetamines: Global Survey 2003* publication considered ecstasy a global threat. Lumping ecstasy within the broad concept of Amphetamine-Type-Stimulants (ATS),¹⁰ this report argued that 40 million people or 1.0% of the world population are affected by these drugs (United Nations Office on Drugs and Crime, 2003: 2).

Beginning with the fatality of Ngaire O'Neill in 1998, there have been three deaths defined as 'ecstasy related' in New Zealand.¹¹ Information on the popularity of ecstasy among New Zealanders is limited to quantitative analysis. The *New Zealand Country Report*, prepared for the 46th Session of the Commission on Narcotic Drugs Vienna, argued that demand for ecstasy had increased significantly in recent years (Ministry of Health, 2003: 4). The *National Drug Surveys* conducted in 1998 and 2001, asked a sample of 5500 people aged between 15 and 45 years about their illicit drug use. Increases in use were found within the 20-29 age group. Between 1998 and 2001, the consumption of ecstasy in the 20-24 age groups grew from 3% to 10% and of those aged 25-29 there was an increase from 3% to 6%. This suggested a link between dance parties and ecstasy consumption in that these are the age groups considered to attend dance parties (Wilkins, Casswell, Bhatta, & Pledger, 2002: 44).¹²

Large-scale domestic manufacture of ecstasy is unlikely in New Zealand because:

The synthesis of ecstasy is a complex process that requires sophisticated and closely monitored precursor chemicals, such as oil of Sassafras. The difficulty of manufacture has precluded the establishment of any large-scale domestic production in New Zealand to date (Wilkins, Bhatta, Pledger, & Casswell, 2003: 2)

There has only been one case of ecstasy manufacture detected in New Zealand and this was on a small-scale basis. Ecstasy is largely imported into New Zealand from Western Europe and Asia. Total seizures of ecstasy have increased from 3000 tablets in 1998 to 220,000

¹⁰ ATS is used in this *Global Survey 2003* to describe the chemically related amphetamine, methamphetamine and ecstasy-type (MDMA, MDA and MDE) substances.

¹¹ These deaths are considered 'ecstasy related' because ecstasy does not cause death directly, such as the case with overdoses. Instead, deaths are usually a result of the combination of settings of use, individual disposition and the particular pharmacological effects. These possible effects are discussed in a more detailed manner in the literature review presented in Chapter Two.

¹² The implications of these research findings for this study are explored in Chapter Two and more specifically in Chapter Three.

tablets in 2002 (Ministry of Health, 2001; Wilkins et al., 2003: 2). Overall, these figures suggest increases in the demand for, and supply of ecstasy within New Zealand.¹³

International studies have been based on descriptive questionnaire analysis or scientific research that investigates the pharmacological effects of ecstasy on animals (Hansen et al., 2000: 181-2). Medical literature on the risks associated with ecstasy focus on heat stroke, lack of fluid intake, overcrowded settings, psychiatric 'schizophrenia-like' symptoms and possible long-term neurological damage. However, this research has only generated information on the general patterns of use and medical or pharmacological risk factors associated with ecstasy consumption. This leaves "little information about social and behavioural characteristics of ecstasy users", which may be useful for determining potential harmful outcomes from consuming ecstasy within different contexts (Shewan et al., 2000: 432).

Since the 1960s, sociological drug research has shown the usefulness of ethnographic approaches for studying users and their practices of illicit drugs. Employing the ethnographic approach, drug researchers aim to "study the culture from within" (Walter, 1980: 15). Through the facilitation of formal and informal interviews and participant observation of users within naturalistic settings, this research provides insights into the users' understandings and practices of illicit drugs.¹⁴ Most ethnographic research on ecstasy conceptualises users' within the 'subcultural' theoretical framework, which emerged as drug research became popularised by Chicago School sociologists from the 1920's, but particularly in the 1960s.¹⁵ Today, qualitative studies on ecstasy use provide insights into where and why young adults are using ecstasy. Utilising the subcultural theory, most ethnographic research on ecstasy has focused on consumption at dance parties.¹⁶ There is a

¹³ Ecstasy consumption and supply within the local context New Zealand will be discussed in Chapter Two, Four, Five and Six.

¹⁴ The methodology and implications of ethnography will be explored in detail in Chapter Three.

¹⁵ For example, Becker's influential book *Outsiders* published in 1963, constructed a sociological model for understanding 'deviant' behaviour. Coined the 'labelling theory', Becker's research on marijuana consumption by fifty jazz musicians introduced the idea that deviance was socially constructed by sanctions and rules rather than a direct result of the individual's moral weakness or biological pre-dispositions. Groups of users – called subcultures – become locked in the process of deviance by the initial responses from members of the dominant order that stigmatise and label users as 'deviants', 'outsiders' or 'different' to them. This labelling process results in users committing more acts that are deviant and reinforces the stigmatisation imposed on them from the dominant order. Therefore, deviancy, Becker argues, is a consequence of the rules and sanctions imposed on users that stigmatises them as outsiders rather than a direct consequence of inherent morality or biological dispositions within the user. Apart from subcultural theory, the drug, set and setting framework introduced by Zinberg has been extremely influential in the development and implementation of harm reduction strategies in New Zealand. See Chapter Two for a review of harm minimisation policy and research.

¹⁶ Subculture and youth culture theories are the main sociological theories that have been used in dance culture and ecstasy research. These theories will be critically reviewed in Chapter Three.

need for more research that explores the consumption of ecstasy in other settings, that attends to contrasting user practices and explores changes in those practices over time in different spaces and places.¹⁷

New Zealand's Response to Ecstasy

Around the same time that ecstasy arrived on the 'scene', New Zealand's *National Drug Policy 1998-2001* attempted to align legal (law enforcement), medical (prevention education and treatment) and harm reduction (health problem limitation and education) strategies in a more co-operative manner. Increases in ecstasy consumption among young adults generated several different responses. For instance, a harm reduction approach was adopted by the Ministry of Health (MOH) who produced a series of publications about the dangers associated with taking ecstasy within the social setting of dance parties. These were intended for both consumers and owners of nightclubs. The first publication, *Dance Party Goers...What You Should Know*, outlined what could happen when an individual consumes ecstasy at dance parties and possible ways to deal with negative experiences that could occur. The second publication, *Guidelines for Safer Dance Parties*, also outlined possible negative responses to the drug and illustrated possible ways that organisers could help reduce ecstasy related harms (Ministry of Health, 1999a, 1999b)

Supplementing the Ministry of Health publications was a legal response to ecstasy that involved 'toughening up' controls over its supply in the New Zealand context. The *Misuse of Drug Act 1975* (MOD) is the main legislative tool to control illicit drugs. In 2000, the *Misuse of Drugs Amendment Bill (No 4)* specifically targeted the manufacture and distribution of ecstasy. This amendment introduced a new classification system that allowed for expeditious control over the easily manipulated chemical structure of synthetic drugs.¹⁸ Additionally it created a presumption of supply of ecstasy, with 5 grams, or 100 flakes of MDMA equating to possession of supply (Ministry of Health, 2000a).

¹⁷ There are other theorists who have reconstructed subcultural theory to take into account these concerns. 'Post-subculturalism', for example, accounts for heterogeneity between and within social groups and the contingent nature of these groups. See Chapter Three for an overview of this kind of work.

¹⁸ When manufacturing synthetic drugs, numerous drug analogues are used. The chemical structure of these drugs can be easily manipulated producing variants not covered in the *Misuse of Drugs Act*. The amendment in 2000 allows the rapid scheduling of synthetic drugs by placing Classes A, B and C in regulations. This means that amendments can be made to the regulations rather than amending the entire Act. These amendments will be explored further in Chapter Two where I will consider ecstasy in relation to New Zealand's drug control framework.

Rationale

From my dual position as a sociologist and as an insider with respect to dance party environments and other contexts in which people consume ecstasy, I have identified three limitations with the existing ecstasy research and New Zealand's drug policy response. Firstly, I found a lack of any substantial qualitative research on specific practices, places and people consuming ecstasy in New Zealand. As a result, government responses to this drug have largely ignored users' own experiences, negative or positive, of ecstasy. Policy has been developed without specific understandings of the different people who consume ecstasy and their practices and knowledges of ecstasy within the local context of New Zealand. How users' practices and knowledge may differ or be similar to that of their overseas counterparts has not been explored. Despite these gaps in knowledge, the New Zealand government has responded to the recreational use of ecstasy by 'toughening up' controls over the supply of ecstasy, 'sidelining' the development of any beneficial harm reduction techniques.¹⁹

Secondly, my initial observations suggest that people choose to take ecstasy in several different environments, not just dance parties. In Christchurch, I have observed many individuals who take ecstasy at home with friends, at social gatherings or at their local pub. Many individuals attend dance parties and choose not to consume ecstasy. However, most research continues to focus on groups of individuals who attend dance parties, which seems to ignore users who may not attend dance parties and those who do not use illicit drugs at these events.

Thirdly, research continues to define dance culture as a 'subculture' or "groups of people that have something in common with each other...which are perceived to deviate from the normative ideals of adult communities" (Gelder & Thornton, 1997: 1-2). This suggests that dance party goers are different to 'mainstream society'. In contrast, Hansen *et al.* suggest that some genres within dance culture have become increasingly 'mainstream' (Hansen *et al.*, 2000). Social research focused on drug use has suggested that users frame and understand their consumption of an illicit substance in a similar way to mainstream society (McElrath & McEvoy, 2001b; Peretti-Watel, 2003; Shiner, & Newburn, 1999; Shiner & Newburn, 1997; South, 1999). Subcultural theory focuses on 'youth' or adolescent age groups. However, ecstasy user demographics in New Zealand suggest that users cannot be considered under the label 'youth'. As Wilkins *et al.* suggest, "Ecstasy users were particularly concentrated in the 20-29 age groups" (Wilkins *et al.*, 2003: 6).

¹⁹ Tougher law enforcement strategies may impede harm reduction approaches, such as pill testing at dance parties.

Finally, 'subculture' suggests homogeneity among dance goers. This needs to be questioned. Dance culture is made up of a ludicrous number of musical genres and these different genres are associated with different philosophies, lifestyles and tastes. Different genres bring in different crowds, different drugs and different reasons for using these drugs. As Bennett suggests, there can also be local variations in individuals' responses to music and style (Bennett, 2000). For example, dance culture in Christchurch may be very different to dance culture in Auckland with regards to what genres are more popular. These reflections left me with two questions - Can the dance party 'scene' be considered a 'subculture'? More importantly, can ecstasy users who consume ecstasy in a range of different settings be lumped together in a homogeneous 'subculture'?

Analytical Framework

Critical of approaches that conceptualise 'reality' as fixed and unchanging irrespective of individual or social context, this thesis argues that 'realities' vary in relation to time and space. I consider that social life is comprised of multiple social networks, each of which entails different and fluid versions of reality (Law & Mol, 2002). This means that there are multiple ways of seeing, doing and telling about social life (Becker, 1986); what constitutes the social is heterogeneous (Callon, 1991; Callon & Law, 1997; Law, 1992). Social life is composed of multiple and divergent entities that form networks based on their shared practices and knowledge. The practices and knowledge that constitute social networks are in a constant state of flux as new actors enter upon the scene and new networks form.

Utilising contemporary sociological theory, this thesis investigates ecstasy as a heterogeneous 'actor-network'. Ecstasy is conceptualised as inseparable from the practices through which it is used. People consume ecstasy because they seek some sort of 'state' that they enjoy. I argue that this 'state' is not produced by the pharmaceutical properties 'already there'. Nor are the effects just a matter of interpretation. Instead, what constitute the effects of ecstasy are the practices that users employ to 'do' ecstasy.

From this perspective, some of the main actors that help construct and organise users' contingent practices and knowledge are locations, settings and types of ecstasy. Rather than being passive, objects actively help configure the heterogeneous networks that constitute the social (Law, 1992). Consequently, this research considers ecstasy as an integral actor in the construction and organisation of users' practices and knowledge in Christchurch. In other words, I explore how ecstasy actively helps shape and configure practices within these young

adults' lives. Ecstasy, when theorised in this manner, has no intrinsic, fixed or predetermined properties or effects.

The research findings are analysed in three themes: **production, fluidity and control**. I focus on how the effects of ecstasy are produced within specific settings. This involves an exploration into the operations that produce and maintain positive 'state(s)' users wish to seek. I also consider the fluctuating factors that help shape the practices and knowledge utilised by the participants in this study. The theme of fluidity encompasses some of the experiences that users argue could potentially disrupt or make possible the successful construction of ecstatic pleasure. I utilise this theme to emphasise the importance of mapping the possible implications of the contingent constitution of objects, locations and people when studying ecstasy consumption. Finally, the research illustrates the ways in which participants identify and/or employ individual or dance party harm reduction strategies to control the negative aspects of ecstatic pleasures. This theme is employed to acknowledge the relationship between users' practices and knowledge and the harm reduction concept embedded in New Zealand's drug regulation.

Research Aims and Questions

This research has three aims:

- To investigate different user practices and knowledge of ecstasy within the local context of Christchurch;
- To contribute to existing sociological understandings of ecstasy use by exploring the local and heterogeneous practices and knowledge of ecstasy consumption in Christchurch; and,
- To relate these findings to New Zealand's drug policy with the aim of informing the development and implementation of harm reduction measures.

The goal of investigating the heterogeneous practices and knowledges of recreational ecstasy users in Christchurch led to the development of two questions:

- What are some of practices and knowledges of ecstasy users within Christchurch?

- How can sociological analysis of users' practices, knowledge and localities of ecstasy consumption inform the development and implementation of harm reduction measures?²⁰

In sum, this thesis aims to explore how different people are 'doing' ecstasy in Christchurch, the different reasons they have for using ecstasy and the relationship between the practices of different groups of ecstasy users and New Zealand's drug policy.

Thesis Structure

In Chapters Two and Three I review the existing sociological and drug control frameworks relating to the recreational use of ecstasy. Chapter Two places ecstasy within the wider context of New Zealand's harm minimisation framework. It reviews the way in which drug users, their consumption and risky practices are conceptualised historically and presently defined within New Zealand's drug control framework. The latter part of the chapter, illustrates New Zealand's *National Drug Policy* "in action" by reviewing responses to ecstasy use. Additionally, this section focuses on literature employing the 'drug, set, and setting' framework and their drug related harm findings. Chapter Three explores the methodology and analytical frameworks employed in the substantive chapters. Beginning with a critical review of contemporary sociological theory on drug use, this chapter develops my case for utilising Actor Network Theory (ANT). It explains the key trope of 'actor network' that I have adapted from ANT and describes the methods I utilised to gather information on the heterogeneous practices and knowledge of Christchurch ecstasy users.

²⁰ I also constructed sub-questions that distinguished what information I wanted to gain from investigating user networks, New Zealand's drug policy and sociological research and theory. From the user networks, I wanted to discover some of the heterogeneous practices and knowledge users have of their ecstasy consumption. I wanted to answer the following questions: Who uses ecstasy in Christchurch? When did they begin taking ecstasy and why do they continue to take ecstasy? How do they use ecstasy? What practices and knowledge is involved and how does this change over time and place? How do they justify their use? Do they acknowledge the possible negative implications of ecstasy use? Do these understandings, practices and justifications correspond/differ among users? Secondly, I wanted to examine how different measures within the New Zealand's drug policy entail specific conceptualisations of ecstasy consumption. How do the different government agencies, specifically medical, public health and law enforcement agencies, conceptualise ecstasy use? How has the New Zealand government responded to ecstasy consumption? Is harm reduction relevant to the participants in this study? Thirdly, I wanted to investigate how contemporary sociologists explain recreational ecstasy use. I also wanted to explore the usefulness of contemporary sociological theory for mapping users' experiences of ecstasy. What sociological investigations of ecstasy have occurred and how do they conceptualise ecstasy use? How can contemporary sociological theory help us understand the user practices and relate these findings to the development and implementation drug policy?

The next three chapters present the experiences of ecstasy described by the participants in this study. Chapters Four, Five and Six analyse users' practices and knowledge of ecstasy generated from the questionnaire, interview and observational material. Focusing on how users 'do' ecstasy, Chapter Four explores the different practices and knowledges involved in producing 'ecstatic pleasure'. I illustrate the ways in which 'ecstatic pleasure' is performed through various techniques/skill/knowledge of objects, organisations of space/time/place/friends and understandings of frames of mind. Chapter Five exemplifies how users' experiences of ecstasy are in a constant state of flux amid the heterogeneous characteristics of ecstasy, individual users, friendship groups, and local and global settings. It also discusses some of the negative aspects of ecstasy use described by the participants. Chapter Six brings the two parts of this thesis together by linking users' practices and knowledges to New Zealand's harm minimisation framework. Specifically, Chapter Six will draw on the (ir)relevance of harm reduction strategies for the participants in this study. The final chapter of the thesis considers the implications for drug policy of the findings of this research

Regulating Ecstasy

Harm Minimisation and the Sociological Analysis of Recreational Ecstasy Use

This chapter considers the local recreational consumption of ecstasy in Christchurch within the wider context of New Zealand's drug control framework. It reviews the ways users and their illicit drug consumption are understood and regulated within the harm minimisation framework adopted in New Zealand. The relationship between harm minimisation and the social dimensions of drug consumption is explored through an investigation of the ways social scientists and policy makers have responded to ecstasy consumption. The implications of existing social research and drug policy for the analytical and methodological aspects of this thesis are also considered.

The chapter is divided into two sections. Section One outlines New Zealand's *National Drug Policy 1998-2003*. It does this by describing the rationale for the policy as well as prior drug regulation methods and their limitations. The priorities, research focus, concepts and strategies outlined in the *National Drug Policy* are then explored. Section two, illustrates the New Zealand's *National Drug Policy* 'in action' by reviewing the response taken to ecstasy use. Additionally, this section examines the social, scientific and medical literature that employs the 'drug, set, and setting' framework to investigate the drug related harms associated with ecstasy consumption. These reviews provide the necessary contextualisation for an assessment of the relevance of this research for the analytical and methodological aspects for this study. The final section describes the implications of the sociological drug research for an investigation of Christchurch users' practices and perceptions.²¹

²¹ The drug, set and setting framework introduced the idea that the social contexts in which the drug is consumed influences the users' experiences of a drug (Zinberg, 1984). This framework assumes that the drug, users and the setting in which a drug is used are all important in understanding drug use. Chapter Three describes how the drug, set, and setting research may not be relevant to the issues discussed in this thesis. Further, Chapters Six and Seven describe how harm reduction strategies may be informed by the research findings.

Section One: New Zealand's National Drug Policy 1998-2003

New Zealand's harm minimisation framework attempts to prevent and reduce drug related harm. It does this through law enforcement (to control and penalise the supply and consumption of illegal drugs), messages of drug related harm (to further reduce the demand for drugs) and health services (to manage the problems that still do occur) (Ministry of Health, 1998: 26). The policy brings together different government agencies and non-government groups in an attempt to co-ordinate information on drug related consequences, drug prevention and drug reduction methods. The national goal of 'harm minimisation' is an attempt to unite these different agencies.

The policy emerged in 1998 as a response to concerns over a history of isolated sectors and conflicts between methods of collecting information on drug related harm (Ministry of Health, 1998: 28). The following describes the emergence and reflections upon these problems and explores the ways in which the policy addresses the conflicts.

Before Harm Minimisation: Traditional Approaches

Influenced by frameworks of psychology of dependence, epidemiology and international and domestic law enforcement obligations, historically New Zealand has 'officially' taken a dual approach to the control of illicit drug use (Newbold, 2004; South, 1999: 8).²² Shiner (2003) describes 'control' as the legal approach. This method utilises interdiction as a drug control method. On the other hand, 'care' is a medical approach that attempts to control drug consumption through health and social systems (Shiner, 2003 133: 773).

Traditional legal and medical approaches are influenced by the moralistic view that all illicit drugs are intrinsically "bad", indefinitely harmful, and physiologically "addictive".²³ Traditional research on illicit drug consumption focused on investigating the relationship between a drug's pharmacology and an individual user's physiology. The aim of most

²² Terms such as 'regulation', 'control' or 'policing' are used in this chapter to describe a set of methods employed by legal and medical approaches to maintain a particular form of social order (see Barton, 1993 for a discussion of these terms).

²³ This section does not set out to describe all possible medical and legal approaches to drug use. Instead, it describes the popular discourses that became the focus for criticism and analysis by social scientists and policy makers. Further, the term 'moralistic' is utilised here to illustrate that different theories are based on the idea that illicit drug users and their consumption is inherently bad or dangerous. In opposition to moralistic conceptions, are theories that view users as everyday citizens who consume a drug that gives them pleasure and whose consumption only become identified as bad when others define users as deviant and their practices as 'risky' (see section 'social critique' below).

research in the sixties was to determine the potentially harmful effects of the inherent properties of a drug on users, effects which were typically argued to create personality disorders and physical or psychological “addiction”. Ironically, the disorders and addiction “were considered responsible for the drug use in the first place” (Zinberg, 1984: 3). The harmful consequences of consuming illicit drugs, therefore, were created through a relationship between the drugs pharmacology and the users’ physiology.

The research proposed two grand theories on the source of harm produced by illicit drug use. Kellehear and Cvetkovski (1998) suggest that legal and medical approaches to drug users focus on them as either a ‘sinner’, or a ‘sick person’ (Kellehear & Cvetkovski, 1998). Both theories create a boundary between ‘them’ and ‘us’ or between ‘good’ and ‘bad’ (Lintzeris, 1998). Consequently, users are often caught in a process of ‘othering’ whereby they are placed “outside normal cultures and controls” and the medical and legal approaches are justified in that they “bring them back ‘within’ the disciplinary social order of acceptability” (South, 1999: 9).²⁴

Legal Explanations: The ‘Sinner’ Discourse

In classical times...it was argued that the faculty of reason was the main characteristic separating us from animals. Therefore, drunkenness itself was no defence for deviant behaviour since the *intention* to get drunk, the failure to resist temptation, was the actual sin. Getting drunk was merely the consequence which flowed from the sin of failing to reason (Kellehear & Cvetkovski, 1998: 51)

The ‘sinner’ discourse is suggested in the quote above. It argues that compulsive drug use is a result of moral weakness. Users are conceptualised as immoral, hedonistic and irresponsible because they put their pleasure before the safety of others and themselves. Their character is considered inherently bad or sinful because they fail to resist temptations. Moral explanations of un-controlled drug consumption can be illustrated in the Alcoholics Anonymous (AA) program. Like disease models of addiction (see section ‘Medical Explanations’ below), the AA program has often theorised alcohol dependency as a ‘spiritual’ disease, where the user is alienated from God (Kellehear & Cvetkovski, 1998). Alternatively, the ‘sinner’ discourse may locate drug problems with the drugs inherent pharmacological properties, which inevitably lead to physical, moral and social problems. Taking on the ‘sinner’ discourse, the legal approach treats the user as a criminal and the drugs’ pharmacology as a risk.

²⁴ The process of ‘othering’ is discussed below and in detail in Chapter Three.

Medical Explanations: The ‘Sick’ Discourse

MacGregor (1999) describes medical explanations of drug misuse as those, which “stress the interplay of psychological and biological factors” (MacGregor, 1999: 68). Medical theories view drug dependency as both physical (dependency to chemicals within the drug) and behavioural (dependency is partly learnt). In short, medical explanations argue that the harmful consequences of illicit drug use are revealed through the individual’s own intrinsic psychological and physical characteristics (MacGregor, 1999: 68).

In contrast to the legal explanation, the drug dependent user is conceptualised as ‘sick’ and in need of treatment rather than a criminal in need of punishment. Based on the ‘disease model’ of addiction, which emerged in the 19th century, the medical approach holds that some users have “the uncontrollable desire” to consume drugs. The ‘addicts’ use is compulsive in that they feel a need to act on their habit. Some theories contend that genetic psychological or physical defects create addicts’ compulsive consumption. As Kellehear and Cvetkovski suggest:

The most common grand theory of defect is the disease theory of addiction. This theory holds that not simply anyone can drink alcohol or take heroin. Some people are genetically prone to addiction. The fundamental condition of the disease is the irreversible loss of control over alcohol and other substances (Kellehear & Cvetkovski, 1998: 63)

Drug users, when conceptualised in this manner, are ‘powerless’ in relation to the effects of a drug’s pharmacology (Kellehear & Cvetkovski, 1998: 51; O’Hare, 1992: xiv). For effective treatment of these ‘sick’ addicts, the medical approach argues that the only cure is abstinence. The treatment strategy focuses on chemical dependency and the user is “guided to develop a positive identification as a recovering alcoholic or addict who is powerless over substances” (Brower *et al.* in (Kellehear & Cvetkovski, 1998: 63).

Legal Drug Policy Methods

Historically, strategies employed by law enforcement agencies have been the main set of measures employed by the governments within the United Nations (Arlacchi, 2000: 15). In New Zealand, the *Misuse of Drugs Act 1975* is the main legislative source of control over the manufacture, distribution and consumption of illicit drugs in New Zealand. The Act contains four schedules that determine differing penalties for controlled drugs, drugs analogues, precursor substances and presumption of supply.²⁵ The First, Second and Third Schedules

²⁵ The Act gives definitions of these key terms, which are summarised on the *National Drug Policy* website. Controlled substances are any drug classified in the first, second, or third schedules.

contain references to controlled drugs. The Third Schedule also contains references to drug analogues and the Fourth relates to drugs identified as precursor substances. These schedules are also known as Classes. Schedule one can be translated to Class A with B, C, D following respectively. Class A contains reference to the controlled drugs that incur the highest penalties with up to life imprisonment if proven guilty of supply. Possession of Class B controlled drugs can result in up to fourteen years imprisonment and the other Classes can incur up to eight years imprisonment (Ministry of Health, 2002). Apart from Class A, these schedules are then divided into Parts. The Parts are designed to differentiate between drugs within Schedules. The penalties for supply are increased or decreased depending on which part of the Schedule a drug is placed. Class B contains two Parts, Class C seven Parts and Class D two Parts (Ministry of Health, 2000a).²⁶

New Zealand's legal approach to drug regulation is shaped by international and domestic obligations. Beginning with the Opium Convention in 1912, participating countries became party to three international treaties (Fastier, 1998: 26-27). First, in 1925, the *International Opium Convention* provided the impetus for New Zealand's *Dangerous Drugs Act 1927*. This convention developed standardised control of narcotics across nations stipulating which drugs could be used for specific scientific, medical or industrial purposes (Barton, 2003: 48). Second, the United Nations *1961 Single Convention on Narcotic Drugs* stipulated that all signatories implement particular punishments for the manufacture, trade, distribution, import, and export of narcotic drugs (opium, coca bush and cannabis plant) (United Nations International Drug Control Programme, 1988). Third, the *1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* set out to restrict the international trafficking of drugs other than narcotics (LSD and amphetamines). These treaties provided context for the development of New Zealand's *Misuse of Drugs Act 1975*, with scheduling that is similar to other countries within the United Nations.

Additionally, the policy makers of New Zealand have considerable discretionary control over the scheduling of drugs within the *Misuse of Drugs Act 1975*. New Zealand's scheduling of

Controlled drug analogues are substances that have a similar structure to any controlled drug. Precursor substances are substances used in the processing and manufacturing of controlled drugs or, controlled drug analogues. Presumption of supply is a threshold where the possession of a particular amount of a drug is considered as supplying to others as opposed to using the drug for personal use (see *Misuse of Drugs Act 1975: Definitions* at www.ndp.govt.nz).

²⁶ There was a recent amendment to the *Misuse of Drugs Act* in 2000. The *Misuse of Drugs Bill (No. 4)* was the first comprehensive review of this Act in twenty years. An analysis of this amendment will be given later within this chapter.

controlled substances has not always been the same as stipulated within the United Nations treaties. Instead, these treaties are considered as recommendations and it is argued that:

...although the United Nations conventions oblige signatories to meet certain broad demands, including the creation of criminal offences for contravening the conventions, the day-to-day minutiae of the law enforcement are left to the discretion of the individual nation. This explains why drug laws often exhibit significant variations from country to country (Barton, 2003: 48).

While fulfilling broad international guidelines, the scheduling of certain drugs in New Zealand can and does differ to that recommended within United Nations treaties (Aldiss, 2000: 24).²⁷

Medical Drug Policy Methods

Medical strategies utilise treatment and therapeutic interventions to reduce control or stop dependent drug consumption. For example, drug dependent users are treated through prescription of substitute drugs in conjunction with psychological counselling with the aim of abstinence from illicit drug use. Alternatively, drug prevention campaigns aim to transform public opinion and create support for both medical and legal sanctions. For instance, the state uses 'scare tactics' for tobacco, such as advertisements on the harmful effects of smoking. Through these educational programmes, viewers see tobacco as damaging for everybody's health.

Although these two approaches, legal and medical, have utilised different and sometimes opposing sets of measures, both strategies aim to reduce the demand for or supply of drugs. Demand reduction describes policies that aim to reduce consumer demand for the drugs. Supply reduction describes policies that mainly involve law enforcement methods aimed at reducing the manufacturing and distribution of illicit drugs. Overlaps between the two approaches do occur. For example, the legal approach employs prohibition as a 'threat' mechanism to reduce the demand for illicit drugs. Preventative educational methods can lead to support for legal controls over the use of illicit substances (Hamilton, Kellehear, & Rumbold, 1998; Krauss & Lazear, 1991; MacCoun & Reuter, 2001; Murji, 1998). The neat philosophical distinction between 'care' and 'control' is often clouded in practice.

²⁷ For example, MDMA and many amphetamines are classified as class B in New Zealand. In contrast, many of these drugs are class A in Britain and the United States.

The Social Critique

From the mid sixties, existing drug research methods were criticised for studying participants only within institutional settings, such as hospitals, prisons and treatment centres:

In general, most of our current knowledge about drug use and drug users emanates from research conducted in institutional settings—hospitals, prisons, and treatment programmes—and is performed in conjunction with treatment or incarceration...As a result, most of our knowledge of drug users comes from extreme cases...and in large measure does not apply to the majority of users or to less extreme cases (Waldorf, 1980: 21).

Most of the research had focused on a minority of users and did not extend to cover a range of users within their social environments. The medical and legal approaches were criticised for their concentration of the pharmacological effects of drugs and their lack of acknowledgement of the social dimensions of drug consumption.

In contrast, the ethnographic approach aimed to “study the culture from within” (Walter, 1980: 15). Through the facilitation of interviews and participant observation with users in their naturalistic settings, researchers began investigate users’ understandings and perceptions.²⁸ Rather than utilising a moralistic or biologically pre-determined viewpoint, ethnographers immersed themselves into their respondent’s worlds and then utilised their experiences and observations to construct new theoretical understandings on drug use.

Ethnographic drug research began to show up limitations with the ‘sinner’ and ‘sick’ discourses embedded within the legal and medical approaches (Zinberg, 1984: 3). Howard Becker’s *Outsiders* published in 1963, made a radical departure from the existing research of the time. His research on marijuana consumption by fifty jazz musicians found that marijuana was less potent than literature described. Additionally, Becker argued that the effects of marijuana were not biologically ‘given’, but socially constructed. Users had to learn how to use the drugs properly, how to interpret the effects, and how to enjoy them. Rather than being a consequence of just the drug’s pharmacology, the effects of marijuana were produced through a learning process enacted through interaction between experienced and inexperienced users. Becker’s research also suggested that drugs could be consumed in a controlled manner; use of illicit substances did not necessarily lead to addiction (Becker, 1963).

²⁸ The methodology and implications of ethnography will be explored in Chapter Three.

Further, studies produced in the seventies showed a growing “controlled” use of marijuana in America with minimal health effects being reported. Researchers began to compare illicit drugs, marijuana and heroin, to licit drugs such as tobacco, caffeine, sugar, and prescribed medicine. Licit drugs, they found, were just as risky or, if consumed in some situations, even more risky: “It seemed that just as the mythology that illicit drugs were altogether harmful was losing ground, so too was the mythology that most licit substances were altogether benign” (Zinberg, 1984: 5). These researchers, like Becker, criticised earlier theories that emphasised marijuana consumption as inevitably leading to addiction as unfounded.

Also important were the research findings generated through investigations into heroin use by soldiers in Vietnam. Robins *et al.* found that 35 per cent of enlisted men tried heroin while in Vietnam and 54 per cent of those users became dependent on it. Government officials became worried that America would have an ‘addiction problem’ on their hands when their soldiers returned home. However, this research showed that heroin use depleted when these men came back to America. The users, Robins *et al.* argued, associated their heroin use specifically with the social context of Vietnam for relief from pain or release from the negative state of mind they were experiencing. Additionally, heroin was rather inexpensive in Vietnam and potency high, making use rather attractive. In contrast, using in America meant increased costs because the method of smoking heroin was impractical and the drug had decreased potency. The research suggested that heroin use does not necessarily lead to drug dependence and that drugs can be used in a controlled manner within a specific environment (Zinberg, 1984: 12).

In 1973, Zinberg combined the concepts of ‘controlled use’ and ‘social context’ in his research on the use of marijuana, psychedelics and opiates. However, he also argued that existing understandings such as psychology and pharmacology were important when considering drug use. In order to understand how users consume illicit drugs and the effects that illicit drugs have on them, he contended that three determinants must be considered. These were the drug, the personality of the user and the social settings in which the drugs were consumed. The ‘drug’ incorporates the pharmacological action of a drug. The ‘set’ is the attitude of the person at the time of use and their personality structure. Finally, the ‘setting’ is the influence of the physical and social setting within which use occurs (Erickson & Butters, 1998; Lintzeris, 1998; Newcombe, 1992; Rumbold & Hamilton, 1998; Shewan, Dalgarno, & Gerda, 2000). All three facets, ‘drug, set and setting’, have to be taken into account to explain and understand drug experiences.²⁹

²⁹ Zinberg’s theoretical framework helped in the formulation of harm minimisation approaches, which are discussed later in this chapter.

In summary, ethnographic research and sociological theory challenged established explanations of user practices and perceptions embedded within the legal and medical approaches. As Waldorf (1980) suggests, early ethnographers took the role of the iconoclast:

Seeing drug users on the street in their own communities, they quickly learned that most of the theories and findings of treatment-based research, which made up nearly all of the research up to 1960 and a high percentage up to the present day, was either erroneous or very much overstated. Consequently, a large part of their work challenged established myths, conventional wisdom or denigrating theories (Waldorf, 1980: 31).

Consequently, social research exposed myths about the hazardous health consequences of illicit drugs. Researchers found that some illicit drug use was casual, occasional, experimental and recreational. In other words, illicit drugs were often being consumed in a controlled manner without necessarily leading to dependency.

Critique of Traditional Methods

In the 1980's, the global scope of the HIV and AIDs epidemic began to impact on several policy areas (Berridge, 1993: 56). Stimson and Lart (1991), suggest that two key ideas started to be acknowledged in relation to HIV and AIDs. First, it was recognised that the potential spread of HIV infection from drug injecting users into the wider population is a greater threat than drug use itself. Second, it became accepted that large numbers of people who inject drugs are not willing or able to stop injecting (Stimson & Lart, 1991: 43).

These insights lead to the criticism of the methods that were based on notions of 'treatment', 'cure', and 'abstinence'. Instead, the risks of injecting practices became emphasised and strategies aimed to improve the well-being of users' and distinguished the impact of drug consumption on the health of the wider population. The reduction of the adverse consequences of drug practices rather than the complete elimination of drug use became the new focus of drug policy. Additionally, it became acknowledged that neither the legal nor the medical approaches helped to reduce the spread of HIV and AIDs. Law-enforcement strategies and medical prevention and treatment were considered unsuccessful in decreasing the risks associated with drug injecting practices (Rumbold & Hamilton, 1998: 135).

Furthermore, rather than working together, the legal and medical methods often worked against one another. In New Zealand, there has been no intersectoral decision-making about drug issues and therefore the medical and legal strategies often contradict one another. This

issue between the two approaches began to be discussed in terms of a struggle between supply reduction versus demand reduction. As Moore explains:

To some degree, these terms continued to reflect the basic ideological and bureaucratic forces that had previously given us the choice between the law enforcement and medical approaches. Supply reduction efforts seemed to rely principally on enforcement activities, thereby capturing the attention of previous supporters of the enforcement approach. For their part, demand reduction efforts seemed to rely mainly on drug treatment, thereby gaining the support of earlier champions of the medical approach (Moore, 1993: 238).

In New Zealand traditional policies aimed at reducing and controlling the supply of illicit drugs are strictly confined to the field of law enforcement with the Police and Customs Departments being the main agencies involved. The Ministry of Health, in contrast, drove demand reduction measures. These two approaches, then, are mostly considered as isolated interventions with responsibility given to respective government sectors rather than synergetic strategies aimed at reducing drug-related harm (Ministry of Health, 1998: 28).

This often led to conflicts of interests between the two sectors on the most effective way to prevent and reduce drug related harm. For instance:

Fear of police involvement can sometimes deter people from contacting emergency medical services when a person they are with has overdosed on illicit drugs. Any delay in calling an ambulance in such situations may lead to poorer health outcomes for the person who has overdosed, and in serious cases it could even lead to death. On the other hand, probation and community police officers who have wanted to refer people with drug abuse or dependence problems for early intervention by health services have sometimes found that appropriate services for such people are not readily accessible (Ministry of Health, 1998: 28).

This relationship between these two approaches, then, can be counter-productive (Fastier, 1998).

Another result of the largely independent strategies was that the information needed to inform how different strategies could effectively reduce drug-related harm has not been systematically collected. The *National Drug Policy* outlines this problem and argues that “Agencies have tended to collect only the information they need for their own purposes” (Ministry of Health, 1998: 28).

Government Response: Harm Minimisation

Three major issues emerge from the criticisms of drug policy reviewed above. First, social scientists acknowledged that there are recreational users or users that consume drugs in a controlled manner. The term 'recreational' destabilised traditional conceptualisations of all users as un-controllable, drugs as inevitably addictive and abstinence as the only cure. Second, the spread of HIV and AIDS became acknowledged as more of a public health threat than drug consumption. Eradication of drug use through the traditional methods was seen as impossible. Drug policy shifted focus from the individual user's traits to their *practices* in order to reduce drug related harms associated with drug injection (for examples, the spread of AIDs or HIV). Third, it was recognized that, rather than *working together*, often different policy makers' approaches were in conflict and/or their strategies were implemented as isolated interventions. This was understood as counter-productive.

Countries within the United Nations addressed these issues with the introduction of the concept of 'harm minimisation'. In June 1998, representatives of all governments within the United Nations attended the *Special Session of the General Assembly*. This assembly acknowledged that there was a need to address the "conflict of interests" between the legal and medical approaches. Instead of continuing to reduce drug use through separate, conflicting and isolated measures, the United Nations argued for "...a balanced approach between demand reduction and supply reduction, each reinforcing the other, in an integrated approach to solving the drug problem" (Arlacchi, 2000: 15).

Harm minimisation was introduced to countries within the United Nations as a framework that utilises this balanced approach. Harm minimisation, depending on different actors, has been utilised in many different ways. In the simplest sense, the concept and methods framed under harm minimisation focus on preventing and reducing drug related harm. Conversely, drug-related harms are defined as the adverse health, economic, legal and social consequences of drug use for the individual drug users and the broader community (Lintzeris, 1998: 261). The aim of harm minimisation in New Zealand is to prevent and reduce drug related harm. The next section outlines the priorities, concepts and strategies of harm minimisation as stated in the *National Drug Policy 1998-2003*.

The *National Drug Policy* outlines three priorities for the minimisation of drug related harm in New Zealand. Priority one, is to increase New Zealanders control over their health by enabling them to reduce the harms of drug use. The goal is to co-ordinate and collaborate all efforts among agencies involved in drug issues; to increase community awareness; to provide

effective education about the harms and hazards of drugs; and, to improve the range, quality and accessibility of treatment options. Priority two is to reduce the prevalence of cannabis use and use of other illicit drugs. The desired outcomes of this are to reduce the prevalence of cannabis use among people under 25, among Maori, among pregnant women, and generally reduce the prevalence of other illicit drugs. Priority three aims to reduce the health risks, crime and social disruption related to drug misuse. The goal is to control and prevent drug availability; to reduce crime and violence relating to the manufacturing trafficking and consumption of illicit drugs; to reduce the spread of blood borne diseases; and, to reduce abuse and misuse of pharmaceutical and non-medical drugs (Ministry of Health, 1998: 30-31).

To reach the desired outcomes outlined under the three priorities described above, the policy identifies three interacting components that need to be addressed. Like Zinberg's work, this includes the characteristics of individual drug users, the environment in which the drug use occurs and the characteristics and effects of the drug being consumed. Further these three interacting components should be used in targeting certain individuals/groups or users³⁰, all drugs or specific drugs and all settings or specific environments where misuse occurs.

The policy aims to maintain a balance between the supply control and demand reduction measures:

It recognises that there is a continuum of harm associated with drug use, and that no single approach or set of strategies can adequately address the possible range of harm. It allows different approaches to be used, depending on the particular issue or the group being addressed (Ministry of Health, 1998: 38).

Intersectoral co-operation between drugs user groups, public health agencies, treatment service providers, economists, criminal justice system, academics, parents, politicians and bureaucrats should take place when assessing the harms a drug may create (Shewan et al., 2000: 451).³¹ The policy attempts to connect these groups by setting up a Ministerial

³⁰ The *National Drug Policy* identifies the following as key target groups: Young people, people with co-existing drug use and mental disorders, polydrug users, pregnant women, and Maori. Key settings are educational settings, community, workplace, prisons, and community correction settings. Underpinning this approach are five other concepts: efficiency, equity, use of both harm prevention and harm reduction strategies ('balanced approach'), upholding individual rights where they do not reasonably impinge on the rights of others, and ensuring the needs of Maori are addressed by enabling the development of specific strategies acceptable to Maori (Ministry of Health, 1998: 37-38).

³¹ The policy emphasises that progress in the three priority areas will be monitored by the Ministerial Committee and the Monitoring Group. These groups are responsible for reviewing research on the three major issues the policy is concerned. These are patterns of use, environment and predisposing factors associated with use (drug, set and setting – and issues of harm to health and social disruption),

Committee that encompasses different government agencies, such as Ministers of Health, Corrections, Customs, Justice, Police, Maori Affairs, Youth Affairs, Transport and Education. This committee is responsible for "...drug-related policy initiatives...give[ing] an update of resources devoted to the area, and report on any other strategies/ interventions designed to impact on the national priorities and desired outcomes" (Ministry of Health, 1998: 34). The introduction of the common goal to "minimise harm caused by illicit and other drug use to both individuals and the community", attempts to align all agencies in a collective co-operative unit rather than separate agencies (Ministry of Health, 1998: 28).

In the policy's priorities and concepts are three different areas in which harm minimisation strategies should operate. First, supply control, which aims to control or limit the supply of drugs. Second, demand reduction, which aims to reduce individual demand for drugs. Third, problem limitation aims to limit the problems that arise from drug misuse.

Further, there are three types of interventions to achieve supply control, demand reduction and problem limitation. These are law enforcement, health promotion, and drug treatment. Law enforcement describes legislation and enforcement methods and these interventions aim to control the supply of drugs. There are four main pieces of legislation and there are different agencies that are responsible for administering and enforcing these major regulations, for example, the *Misuse of Drug Act 1975* (Police and Customs), *Medicines Act 1981* (Ministry of Health and Police), *New Zealand Sports Drug Agency Act 1994* (New Zealand Sports Drug Agency) and *Transport Act 1962* (Police). Health Promotion strategies encompasses a variety of interventions, including, building supportive and healthy environments, designing healthy public policy, community development, social marketing and health education. These intervention should be utilised together and aim to "facilitate change and improve the health of the whole community and particular groups within it" (Ministry of Health, 1998: 46). Treatment interventions aim to reduce the problems arising from drug use and the *National Drug Policy* argues that there is a need for a variety of treatment services. These different services include primary care with health professionals, education of drug issues with community and school personal and target groups target treatment and prevention of crime related harms.³²

consequences of legislation, impact of law enforcement interventions and harm minimisation strategies (issues of crime and harms to health) (Ministry of Health, 1998: 32-34).

³² The target groups are those described earlier, drug users with mental disorders, Māori, from criminal justice system, and polydrug users.

In summary, the *National Drug Policy* aims to reduce drug use and minimise the harmful effects of drug consumption through utilising both supply and demand reduction measures. It addresses the idea that there is a range of possible harms associated with different users, their settings of use and their consumption of drugs. It responds to this multiplicity by approaching drug related harms with a range of methods that are utilised in response to particular issues or the specific target groups. These different methods, however, are directed at working together to fulfil the national goal of minimising drug related harm.

Section Two: Policy in Practice

As governments within United Nations were attempting to reconfigure their drug control measures – advocating the ‘balanced approach’ between supply and demand measures – a new group of drugs became acknowledged as a potential global threat. According to the United Nations report, *Amphetamine-type Stimulants: A Global Review*, “In the ever-widening discourse on substance abuse, it is frequently asserted that the key problem of the future will be associated with what is commonly known as synthetic drugs” (United Nations International Drug Control Programme, 1996: 1).

Ecstasy was identified as one of the synthetic drugs, which could have the potential to produce drug-related harm. In response, drug researchers from around the world began to investigate drug-related harms associated with ecstasy consumption. This research focused on identifying how the drug, set, and setting factors contribute to drug-related harm. In 1998 different government agencies became engaged in a series of initiatives to reduce the harms associated with the growth of ecstasy use among young adults in New Zealand (Webb, 1998). This section reviews some literature employing the drug, set, and setting framework and their drug related harm findings. Moreover, it describes the ways in which the government responded to ecstasy use in New Zealand.³³

Negative Experiences of Ecstasy

Researchers utilising the drug, set and setting framework argue that there are three essential components of the drug experience (Shewan et al., 2000: 438). All these factors contribute to the possible negative experiences of ecstasy. This section reviews the literature on ‘drug’ components in terms of dosage, frequency, purity and polydrug use. ‘Set’ is examined in

³³ The next section discusses the implications of the harm minimisation research and policy for this small-scale study of ecstasy users’ practices in Christchurch.

terms of literature on 'frame of mind'. This term refers to the attitude of the person at the time of use (mood, motivations and expectations) and incorporates the influences of past experiences. 'Setting' describes the physical and social environments in which ecstasy is used.

Within this section, the ways in which these three components have been reported to contribute to drug related harms are reviewed (McElrath, 2002). Although most respondents have reported positive experiences, the acute and long-term harms associated with recreational ecstasy use are the subject of a range of investigations. These studies form the basis for a variety of harm prevention and harm reduction interventions. Short-term negative experiences have linked ecstasy consumption to hyperthermia and long-term, to memory problems (Bellis, Hughes, & Lowey, 2002: 1026). This section does not attempt to review the large range of research on the drug-related harms of ecstasy; this has been done elsewhere (Baggott, 2002). Rather, it summarises the common ecstasy related problems identified in medical, scientific and social literature. It discusses the role of the 'drug', 'set' and 'setting' in the production of drug-related harms associated with short-term and long-term usage, purity, and polydrug consumption.

The Role of the 'Drug'

The reported frequency of ecstasy consumption varies among the research literature (Jerome & Baggott, 2003). The most common frequency of consumption appears to be 'several times a month' (Forsyth, 1996; Hammersley, Ditton, Smith, & Short, 1999; Solowij, Hall, & Lee, 1992; Williamson et al., 1997). However, some research participants described a typical interval as 'once every few weeks' to 'once every two weeks' (Hammersley et al., 1999; Solowij et al., 1992). Participants in other studies reported using 'ecstasy once a week' to 'once every two weeks' (Lenton, Boys, & Norcross, 1997; Williamson et al., 1997).³⁴ The general dose reported from research literature is approximately one tablet per event (Solowij et al., 1992).³⁵ Research suggests frequency (weekly, monthly...) and dosage (number of tablets) of ecstasy can produce negative experiences of ecstasy (Jerome & Baggott, 2003: 38). For example, the literature suggests that higher dosages of ecstasy are correlated with mood swings and memory loss (Measham, Parker, & Aldridge, 1998). Bingers of ecstasy were more

³⁴ The participants in this study argued that the length of interval between uses of ecstasy was often regulated by them in order decrease the occurrence of particular negative experiences (see Chapter Six).

³⁵ Although this research illuminates differences between users' practices in terms of dosage and frequency the factors (time, age, location, friends, life circumstances...) that might contribute to these discrepancies are not often explored. The implications of this limitation are discussed in Chapter Three.

likely to report significantly more adverse psychological effects (Topp, Hando, Dillon, Roche, & Solowij, 1999).

Commonly reported “side effects” of ecstasy include increased anxiety, confusion, difficulty concentrating, agitation, depressed mood, feeling distant from others, jaw clenching, sweating, nausea, dry mouth, insomnia, loss of appetite, headaches, and blurred vision (Baggott, 2002; Crew 2000, 2001; Solowij et al., 1992). After-effects of ecstasy described by users were depressed mood, insomnia, irritability, anxiety, decreased alertness, fatigue, decreased appetite, muscle aches and tight jaw (Solowij et al., 1992; Topp et al., 1999; Wijngaart et al., 1999). Clinical studies that administer MDMA on volunteers have found similar symptoms, including fatigue, mild anxiety, or depressed several days after MDMA use (Baggott, 2002: 142).

The illicit manufacture of ecstasy means that the purity of tablets cannot be assured. The typical amount that one ecstasy tablet is suggested to contain is estimated between 50 mg to 390 mg of MDMA. However, when sample tablets have been formally assessed they have been found to contain lower doses than claimed (Jerome & Baggott, 2003: 367). Further, research suggests that ecstasy pills are marketed as different ‘brands’, whereby visible properties (colour, size, embossed symbols) distinguish one brand from another. McElrath and McEvoy literature review discusses how branding has been used as a marketing strategy for many years. Research on heroin distribution, they suggest, has revealed how dealers label their bags containing heroin. Labelling provided benefits for both the consumer and the dealer. Heroin users argued that the brands were helpful in locating good heroin. Dealers utilised the labels to attract new customers (McElrath, 2002: 201).³⁶

Testing of the ecstasy capsules have shown that quite often, ecstasy is ‘cut’ with other drugs. Studies in Australia showed that samples of ecstasy have contained caffeine, glucose, ephedrine and other dilatants (Webb, 1998: 91). The Multidisciplinary Association for Psychedelic Studies (MAPS) conducted licensed testing on MDMA samples from United States and England found low doses of MDMA in many cases “while there were no toxic additives found in any of the samples, there were unidentified ingredients in virtually all the samples” (Doblin, 1996: 11). Perhaps more worrying are the studies that have shown samples of ketamine (animal tranquilliser) mixed with MDMA or an entire capsule containing another substance other than MDMA. The drug related harms associated with purity then, lies in the

³⁶ The concept of ‘brands’ and its place in the localised consumption of ecstasy in Christchurch is explored in Chapter Five.

fact that when an individual is buying ecstasy they may be buying an unknown cocktail (Webb, 1998).³⁷

Another significant contributor to drug-related harm is users' practices of co-use and polydrug consumption (Boys, Lenton, & Norcross, 1997; Crew2000, 2001; Forsyth, 1996; Hammersley et al., 1999; Hammersley, Kahn, & Ditton, 2002; Hansen, Maycock, & Lower, 2000; Lenton et al., 1997; McDermott, Mathews, O'Hare, & Bennett, 1993; Riley, James, Gregory, Dingle, & Cadger, 2001; Shewan et al., 2000; Siliquini et al., 2001; Solowij et al., 1992; Topp et al., 1999; Wijngaart et al., 1999; Winstock, Griffiths, & Stewart, 2001). The literature reviewed illustrated that their participants used other drugs as well as, or in conjunction, with ecstasy. Riley *et al.* (2001) define polydrug use as the consumption of more than one drug over a short or long time. In contrast, co-use describes the mixing of two or more substances within a short time-frame (Riley et al., : 1037). The distinction between these different practices is important. Riley *et al.* suggest that it is a determining factor in gauging risk behaviours. For example, it is argued that mixing of substances is more risky than general polydrug use. Researchers have noted that users have consumed amphetamines, nitrites, lysergic acid diethylamide (LSD), ketamine, cocaine, cannabis when practicing co-use (Boys et al., 1997; Crew2000, 2001; Hansen et al., 2000; McElrath, 2002; Siliquini et al., 2001).³⁸

Research on ecstasy users argues that there is evidence to suggest that repeated exposure to MDMA may create drug-related harm to the brains of users. For example, repeated exposure to MDMA may produce serotonergic neurotoxicity. Scientific studies show that this neurotoxicity is dose-dependent, individual doses only become neurotoxic when they are repeated within a few hours. Further, the use of other hallucinogens in conjunction with MDMA increases the drugs neurotoxicity. Other drugs that increase dopamine levels, such as cocaine and amphetamines, are also suggested to increase neurotoxicity. Baggott summarises the harms of neurotoxicity: "This suggests that specific polydrug combinations should be avoided [and] dose should be minimized and repeated dosing avoided" (Baggott, 2002: 138).

The Role of the 'Set'

The drug, set and setting research proposes that the effects of ecstasy are influenced by the users' 'frame of mind'. Shewan *et al.* explain that, "...while the participants expressed a belief in the positive effects of ecstasy, a clear consensus emerged from the groups as to the

³⁷ The participants' knowledge of the effects of impure ecstasy tablets is described in Chapter Five.

³⁸ Distinguishing between co-use and polydrug practices was important for this study. All participants participated in both practices and described possible negative experiences arising from them (see Chapter Four).

importance of being in the appropriate frame of mind, *set*, when taking ecstasy” (Shewan et al., 2000: 441).³⁹ The right frame of mind includes being in the “right mood to go out”, preparation and planning. Users argue that if they are tired, not happy or motivated to go partying then they will not consume ecstasy. A certain individual disposition was also important; participants argued that an individual should not consume ecstasy if they were experiencing psychological difficulties (McElrath, 2002). Users plan and prepare for their use of ecstasy. Listening to music while getting ready to go out, making sure they have eaten, washed and slept are all important preparations (Shewan et al., 2000: 442-3).

Users have reported drug-related harms in relation to their life commitments. Reports indicated that many users found that their ecstasy consumption affected their work or study:

In the survey of 317 British drug users by Measham, Aldridge and Parker (2001), 41.2% of respondents felt that their drug use or recovery period adversely affected their work or study...Topp and colleagues (1999) found that 42% of 329 Australian Ecstasy users had reportedly experienced occupational problems in the preceding six months that were related to ecstasy use (Baggott, 2002: 142).

The most common reported problems were trouble concentrating, reduced performance, or feeling unmotivated.⁴⁰

A small amount of users within various studies indicated that they felt dependent on ecstasy. Winstock *et al.* found that some users – 15% of 1, 151 respondents - in their study reported problematic use of amphetamines. The respondents identified different types of dependency to ecstasy. These included continuing use of ecstasy regardless of problems with health, work, or relationships (55%), tolerance to ecstasy (58%), loss of interest in activities and friendship networks not associated with ecstasy (36%) and difficulty controlling dosages of ecstasy (25%) (Winstock et al., 2001: 13).⁴¹

³⁹ ‘Frame of Mind’ was also indicated by the participants in this study as integral to the production of positive experiences of ecstasy. Accordingly, respondents argued those users who are depressed or experiencing ‘psychological difficulties’ should not consume ecstasy in the chance that they might facilitate a negative outcome (see Chapter Four).

⁴⁰ The impact of ecstasy consumption on the lives of the young adults in this study is examined in Chapter Five. Like other research, participants described how they have re-evaluated their consumption of ecstasy in relation to the ways in which it affects their work and personal commitments.

⁴¹ Participants in this study commented on tolerance and dependency, see Chapters Five and Six. Unlike this literature, though, users did not mention loss of interest in activities and friendship networks not associated with ecstasy or difficulties in controlling dosages of ecstasy. Instead, they respected people's wishes not to consume drugs and still associated with non-users.

The Role of the 'Setting'

Most research literature has tended to focus on dance parties and presented them as the main setting for consumption of ecstasy (Bellis et al., 2002; Boys et al., 1997; Crew2000, 2001; Forsyth, 1996; Hammersley et al., 1999; Hammersley et al., 2002; Hansen et al., 2000; Jerome & Baggott, 2003; Lenton et al., 1997). 'Subculture' is the main trope employed by sociologists exploring ecstasy consumption and dance culture. Chicago school sociologists laid the foundations for subcultural theory. These theorists considered deviance as a normal response to specific social contexts. Focusing on juvenile delinquency, Chicago School theorists argued that youth develop their own sets of norms and values based on their shared understandings, which results in the development of a subculture (Bennett, 2000: 14).⁴² From the 1950s, British theorists from the Centre of Contemporary Cultural Studies (CCCS) employed the term 'subculture' to explain working class responses to socio-economic conditions relating to their class position (Bennett, 2000: 14). These studies shifted in focus from 'deviant' groups to 'style' cultures. The concept of 'ideological hegemony' introduced by Gramsci is integral to this approach. Ideological hegemony describes the ways in which the culture of the dominant class defines what counts as normal and acceptable in society. Subcultures are formed by subordinate class members as ways of coping, resisting or opposing hegemonic ideals (Gilbert & Pearson, 1999: 158) or as Halls and Jefferson argue, subcultures are

Concrete, identifiable social formations constructed as collective response to the material and situated experience of their class...they were also attempts to at a solution to that problematic experience (Halls and Jefferson in (Martin, 1999: 77).

Most contemporary research has employed either the American and/or British approaches described above to make sense of dance party ecstasy users. One example is Parker *et al.*'s (2002) research into the 'normalisation' of 'sensible' recreational drug use. The concept of normalisation is defined as a process whereby the behaviour and identity stigmatised or labelled deviant by the mainstream becomes accepted by participants in subcultures as a conventional norm of their everyday lives. Parker *et al.* utilise the concept of normalisation to make sense of their findings that suggest that several 'ordinary' young people consider sensible, occasional, recreational drug use a normal part of their everyday lives (Measham et al., 1998; Parker, Williams, & Aldridge, 2002).⁴³ Like CCCS theorists this research argues

⁴² This section does not intend to be an intensive review of all the subcultural approaches in relation to ecstasy consumption. Instead, it is intended to explain the main arguments of these theoretical frameworks in order to project an alternative approach used for this research. The limits of space make it more appropriate to focus on the approach used in Chapters Four, Five and Six rather than subcultural theory.

⁴³ These researchers illustrate 'degrees of normalisation' by looking at increases in access and availability of drugs, drug taking, changing attitudes to sensible recreational use and the degree of

that educated, employed and otherwise conforming individuals challenge the ideological hegemony that describes all users as deviant criminals.

Other research focusing on patterns of consumption and drug-related harm has found that the consumption of certain drugs – if used separately or in conjunction with one another – can be dependent on the setting of drug use. Instead of focusing on dance parties alone, Forsyth (1996) identifies three main setting categories: the dance event setting (clubs, licensed raves or illegal parties), the non-dance setting (at home, another house, outside or in a pub) and other events (graduations, festivals, weddings, concerts, restaurants and onboard transport).⁴⁴ According to his findings, drug use varies between these settings:

Four drugs (Ecstasy, nitrites, Amphetamine and LSD) were more often last used in a dance setting than at any other. All pharmaceutical drugs (Buprenorphine, Dihydrocodeine, Temazepam, Diazepam and Ketamine) were more likely to be used in the respondents' homes than anywhere else. This was also the case for the majority of tobacco and cannabis users. Heroin and cocaine were most commonly last used at another's house. Solvents and Psilocybin were used outdoors more than in any other setting. Finally, alcohol was more often consumed in a pub than anywhere else (Forsyth, 1996: 514)

This research suggests that consumption of drugs differs according to the setting in which they are consumed. However, most of the research reports have associated dance parties with ecstasy consumption (Forsyth, 1996).

The drug, set and setting research findings do converge on the idea that users are most likely to consume ecstasy in a social environment with other individuals rather than in isolation: "...consumption of Ecstasy seems primarily to be a social rather than an individual affair. Of those interviewed, only a few of the erratic users admitted that they had taken Ecstasy alone" (Hammersley et al., 2002: 63). Hammersley *et al.* (2002) suggest that there were more likely situations where ecstasy might be taken. Apart from dance parties, social gatherings with friends at home, pubs and parties were identified as occasions in which the consumption of ecstasy was more likely to take place (Hammersley et al., 2002: 64).

cultural accommodation of illicit drug use. Although these authors argue that the normalisation thesis is more appropriate to cannabis than stimulant use (which includes ecstasy), this research does suggest that stimulant drug use poses a political dilemma for the dominant 'war on drug' ideologies: "What Class A stimulant drug users have done, however, is pose a very knotty political dilemma. As primarily educated, employed young citizens with otherwise conforming profiles, they challenge the war on drugs discourse which prefers to link drug use with crime and personal tragedy and utilizes this discourse as a reason for not calling a truce" (Parker et al., 2002: 961)

⁴⁴ Forsyth's paper is also integral to the critique of subcultural theory presented in Chapter Three. Further, his work is used in the analysis of the research findings for this study in Chapter Four.

Medical literature suggests that consumers' choice of setting can increase the risk of drug-related harm. Most of the medical studies have converged on the fact that in some way MDMA interferes with users' serotonin level. Serotonin is a neurotransmitter that regulates body temperature, mood and appetite. Hyperthermia and dehydration have caused some of the deaths that have been connected with ecstasy consumption, which is argued to be a result of MDMA producing a neurotransmitter imbalance (Aldiss, 2000: 39). Another side effect triggered by MDMA is the impairment of the body's ability to handle water intake. When MDMA is consumed in certain settings, the 'drug' becomes a problem. Experimental research on volunteers have shown that MDMA makes the brains hypothalamus secrete a substance that stops the kidneys from producing urine, thus making it hard for MDMA users to pass water. It is argued that in the 'setting' of dance parties, where dancers drink a lot of water to "cool off", the negatives of the 'drug' becomes actualised. As dancers drink more water, their blood thins and their brain swells, which puts pressure on the brainstem down to the spine. This effectively reduces support for breathing (Ainsworth, 2002: 31).⁴⁵

New Zealand's Harm Minimisation Response

This section discusses how the New Zealand government responded to the various drug related harms of ecstasy consumption described above.⁴⁶ The two responses that the New Zealand government adopted are illustrated below: first, two publications were produced by the Ministry of Health on the risks associated with taking ecstasy in conjunction with the social setting of "raves"; Second, through the Misuse of Drugs Amendment (No. 4), stiffer penalties were introduced for presumption of supply of ecstasy and expeditious scheduling of the chemical substance used in the production of ecstasy (Health [Select] Committee, 2000: 1).

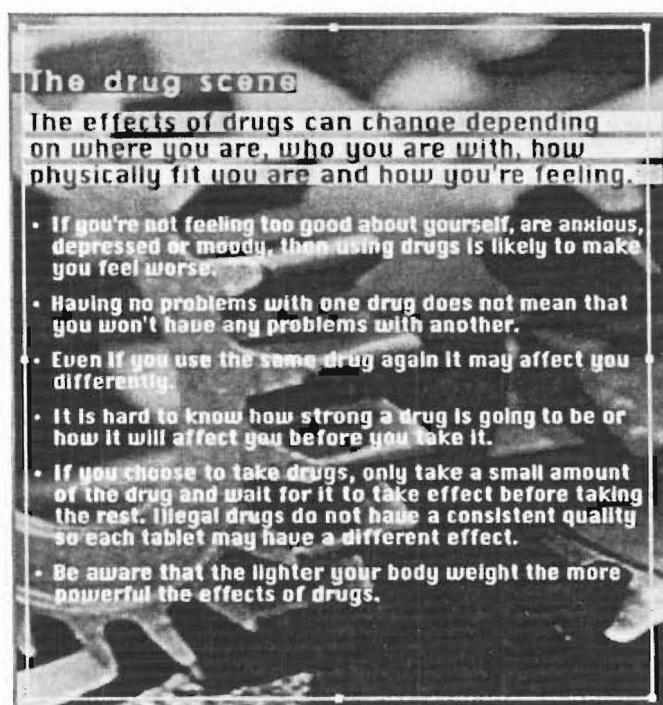
The Ministry of Health produced a series of publications about the dangers involved with taking ecstasy in the social setting of raves or dance parties. Similar to some of the research findings explored above, the main drug-related harms outlined in these publications are heat exhaustion, dehydration, paranoia, and disorientation. Hence, these publications assume that dance parties are the main settings in which ecstasy consumption takes place. To reduce

⁴⁵ The users in this study acknowledged the possibility of these drug-related harms and often employed control mechanisms to minimise possible harm. This is discussed in Chapter Six.

⁴⁶ It does not address the different interventions employed in other countries this will be explored in Chapter Seven. Additionally, the government harm reduction response is only describe briefly in this section as Chapter Six describes the identification with and utilisation of harm minimisation techniques by users. Chapter Seven then relates these findings to possible avenues that New Zealand could take for further reduction in drug related harm.

ecstasy related harm, the Ministry of Health provided information for ecstasy users and promoters of dance parties. The aim of these publications was to inform users and promoters on methods for the reduction of harm through both individual practices and controlled settings. For instance, *Dance Party Goers...What you should know* and *Guidelines for Safer Dance Parties* outline the possible adverse effects of ecstasy, factors that might produce these effects and ways in which individual users of ecstasy can minimise drug-related harm. The excerpts below are taken from the National Drug Policy Website (Ministry of Health, 2002) and illustrate the information included in this leaflet.⁴⁷ For example, below are three excerpts taken from the *Dance Party goers...What you should Know* publication provided online at www.ndp.govt.nz

The section 'The drug scene' (left) outlines how users' experiences of ecstasy could change depending on settings, friends, and individual circumstances. Adverse effects produced through impurities are discussed. The excerpt suggests that users should take small amounts initially, organise their dosage in relation to their body weight and not consume ecstasy if they are mentally unwell.



The drug scene

The effects of drugs can change depending on where you are, who you are with, how physically fit you are and how you're feeling.

- If you're not feeling too good about yourself, are anxious, depressed or moody, then using drugs is likely to make you feel worse.
- Having no problems with one drug does not mean that you won't have any problems with another.
- Even if you use the same drug again it may affect you differently.
- It is hard to know how strong a drug is going to be or how it will affect you before you take it.
- If you choose to take drugs, only take a small amount of the drug and wait for it to take effect before taking the rest. Illegal drugs do not have a consistent quality so each tablet may have a different effect.
- Be aware that the lighter your body weight the more powerful the effects of drugs.

⁴⁷ This publication relevance to the participants in this study is recognised in Chapter Six. The examples taken from the leaflet do not constitute the whole publication. They have been edited (re-sized) and represent only a part of the whole document.

This section (right) describes the causes and signs of heatstroke: minimal sweating, muscle cramps, vomiting, discoloured urine, tiredness, confusion and irritation. It suggests that if users should experience any of these conditions, they should cool down immediately, go to a chill-out area, remove some clothing, apply cold water to body and call emergency services.

Ecstasy tends to prevent people from feeling tired or thirsty so there is more risk of heat stroke. Some people have died from serious heat stroke when their bodies have become too hot and their blood loses its ability to clot. This is why you need to drink your 600 ml of water each hour.

Drinking too much water while taking ecstasy can also cause death. This happens when water builds up inside the body and brain cells, causing the brain to swell and become crushed against the inside of the skull. A few people have also died from heart attacks and brain haemorrhage. This is why you should sip


no more than 600 ml of water each hour.

Signs of heat stroke are:

- not sweating
- cramps in the legs, arms and back
- headache, dizziness, fatigue
- vomiting
- dark, yellow / brown urine and not drunk at all
- irritability, confusion and confusion

If any of these things happen it is crucial that you cool down as quickly as possible. Go to a chill-out area. Remove some clothing and apply cold water or ice to the body, eg. the neck, head, wrists and ankles etc. and sip water. Seek medical attention immediately!

If someone collapses and is unconscious don't give water but call an ambulance immediately! **Ring 111**



The last excerpt (below) from the leaflet describes the importance of consuming with friends and organising travel to and from dance parties. It also suggests that users should look after their friends, inform someone responsible where they are going and take control of their own safety. They can do this by organising a sober driver, arranging and having enough money for a taxi and travelling with friends.

Go with a group of friends you can **trust**

Tell someone responsible where you are going.
Stay with your friends or check with them during the party to make sure that everyone is OK.
Let someone know if you are leaving so they don't worry if they can't find you.

Work out how to get home

Organise a safe driver who will stay sober, drug free and who will have had some sleep.
Arrange a back-up ride home. You may need money for a taxi or bus.
Don't get in the cab if you are uneasy about the driver. Always get in the back seat.
It could be unsafe to go home alone or with someone you have only just met.

Have a light meal before you go
This will line your stomach and give you more energy for dancing.

The Ministry of Health leaflet provides information about how to keep safe at dance parties. It emphasises that users can reduce ecstasy related harms through being informed about the risks of using drugs, the places and people they are with, and looking after themselves. Thus, the pamphlet takes into account the potential negatives experiences

that could be created through the drug, set and setting factors.

Young people need greater access to high-quality, well-regulated and safer entertainment events. Many promoters are not aware of their statutory responsibilities and their moral duty of care. They have not kept pace with the increased demand for their events, or the complex problems that may arise at these events (Ministry of Health, 1999a: 3)

In relation to the issues presented in the quote above, the second MOH publication provides guidelines for dance party promoters who plan, manage, and operate dance events. The guidelines inform promoters of ways to safeguard the health and safety of those attending their event. It outlines the potential risks involved with drug consumption and dance party events. Also included is information about the resources promoters' could/should be utilising to minimise drug-related harm. The MOH envisage,

That all dance promoters in this country will adopt measures to increase the safety and wellbeing of patrons attending their events. It is in everybody's best interests and essential for the dance industry to continue and grow and prosper (Ministry of Health, 1999b: 3).

The issues contributing to drug-related harm identified in this publication are heat exhaustion and dehydration, environmental factors and overcrowding. To reduce drug-related harm, promoters and venue owners should consider issues in relation to their venue, their staff, and emergency liaison. For instance, venue factors promoters should consider are availability of drinking water, temperature control, ventilation, prevention of overcrowding, door and security coverage and host responsibilities (providing food and non-alcoholic beverages) (Ministry of Health, 1999a, 1999b). The staff should be informed of procedures for evacuation (knowing exits, location of fire-fighting equipment), recording incidents, and knowledgeable in identifying and managing drug-related illness (heat stroke, seizures, and collapse). Lastly, dance events should provide first aid staff or hire Red Cross or St John's ambulance for medical care. Liaison with support services, such as police and fire, prior to the event is indicated as important safeguarding practice for promoters. Drug related information is suggested to be attainable at dance events (Ministry of Health, 1999b)

In sum, a senior analyst for the MOH argues that both these publications are in line with the *National Drug Policy* in that, "The guidelines do not condone illegal drug use, but note the reality that some people will choose to use drugs at dance parties. The information in these guidelines is provided in an attempt to minimise the harm caused by the drug use" (Allen, 1999: 1). Further, the guidelines were produced through collaboration between different government agencies, including, promoters and representatives of all relevant health and law enforcement bodies (Ministry of Health, 1999b: 1). Both the way in which the leaflets were

constructed, and the information presented in the publication are argued by MOH to be in line with New Zealand's drug policy.

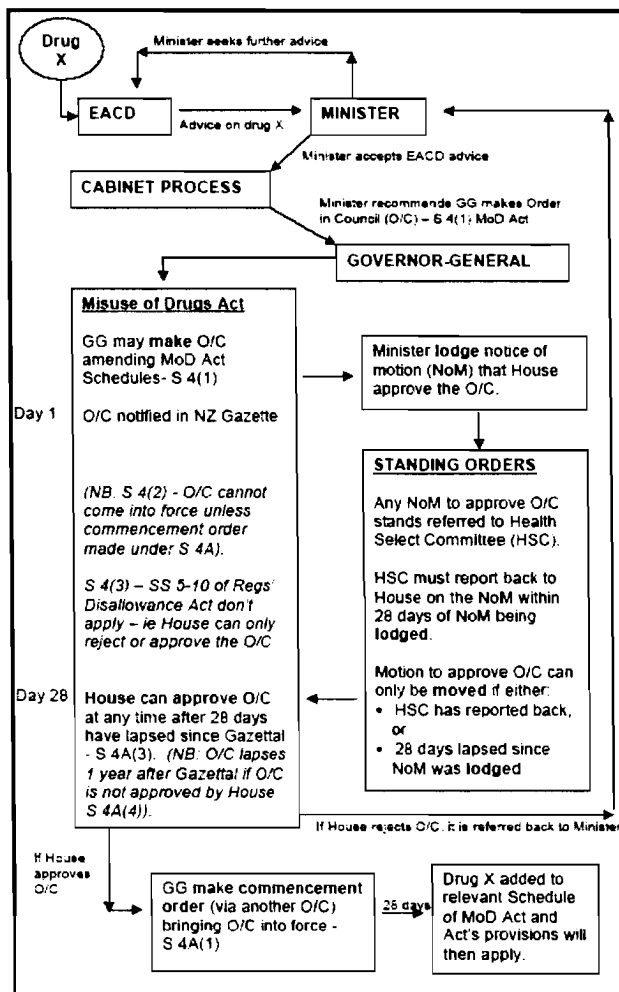
The government Health Select Committee also put forth a proposal to amend the *Misuse of Drugs Act 1975* in order to 'toughen up controls' over the supply of ecstasy.⁴⁸ This bill was enacted in 2000. As mentioned earlier, the *Misuse of Drugs Act 1975* is the main legislative control over controlled drugs. The *Misuse of Drugs Amendment* implemented a series of legislative changes in response to the rise of ecstasy use in New Zealand. The changes included:

- Provision of a expeditious classification of controlled drugs with safeguards to ensure public and parliamentary commentary;
- The creation of a basis for future classification of drugs;
- The creation of a presumption for the supply of ecstasy, with 5 grams, or 100 flakes of MDMA, MDEA or MDA equating possession of supply (Ministry of Health, 2000a).

These amendments were argued to "represent a consistent approach to illicit drugs and attempts to reduce drug related harm in accordance with the National Drug Policy" (Ministry of Health, 2000a: 2).

The amendments aimed to reduce drug related harm in the following way. They allow for rapid scheduling of synthetic drugs by placing Classes A, B and C in regulations, allowing amendments to be made to regulations rather than amending the entire Act. Synthetic drugs are manufactured with numerous drug analogues and their chemical structure can be easily manipulated using different drug analogues to produce variants that are not covered under the MOD. By allowing for rapid control over drug analogues that are used in the manufacturing of synthetic drugs, this amendment proposed to reduce the drug related harm ecstasy could cause for individual users and the wider community (Ministry of Health, 2000c: 1-2).

⁴⁸ It must be acknowledged that two goals not relevant to ecstasy were included in this Bill. These are defence for travellers leaving or coming into New Zealand that have controlled substances for medical purposes and it provides conditions that can be imposed on medical practitioners who are approved to prescribe controlled drugs to treat dependence (Health [Select] Committee, 2000: 1-2).



Source: National Drug Policy Website, www.ndp.govt.nz

Effectively, the amendment created a new classification system (see flow chart left taken from the National Drug Policy website) (Ministry of Health, 2002). The implementation of this amendment in 2000 has meant that the Act now classifies controlled drugs in terms of the estimated risk of harm they may create for individual user or society. Correspondingly, Class A drugs are classified as posing a very high risk of harm. Class B poses a high risk of harm and Class C a moderate risk of harm (Ministry of Health, 2002).

The Expert Advisory Committee assesses these classifications. The role of this committee is to, “Carry out medical and scientific evaluations of new and existing narcotic and psychotropic substances, and to make recommendations to the Minister of Health concerning the scheduling of these drugs” (Ministry of Health, 2000b: 2). The main areas to be evaluated are prevalence or evidence of abuse, effects of the drug, modes of use of the drug, therapeutic value of the drug, potential for death, ability to create physical dependence and international classifications.⁴⁹

The last amendment to the MOD was to establish a presumption of supply for ecstasy. This amendment specifies that a defendant were to be proven to be in possession of five grams or 100 flakes he/she would be deemed as possessing drug for supply of a controlled substance. At the time of this amendment there were presumptions for supply of other drugs, for

⁴⁹ For a more detailed overview of these areas see the Ministry of Health report *Information on the Expert Advisory Committee and Presumption for Supply*, 2000.

example, heroin and cocaine are ½ a gram and LSD is 2.5 grams. In contrast, there was only a default setting for ecstasy at 56 grams. When considering that 100mg of ecstasy tablets equates to 100 active doses, 56 grams seems a very large amount for someone to possess for supply. Alternatively, the Health Select Committee calculates that “100 tablets indicates an investment of between \$8,000 and \$10,000 (Health [Select] Committee, 2000: 7). The introduction of the new presumption of supply gave more power to law enforcement strategies through allowing for premises searches without a warrant and stiffer penalties for those proven for possession for supply of a controlled substance. This strategy is argued to reduce drug related harm by deterring individuals from possessing and supplying ecstasy tablets.

Government officials have argued that these educational publications and the MOD amendment are in line with the *National Drug Policy* since they strike a balance between demand and supply methods and both strategies aim to reduce drug related harm associated with ecstasy use (Ministry of Health, 1999a, 1999b).

Implications for this Research

The research and policy explored above has important implications for this research. First, the sociological investigations of drug use generated in the sixties provided the impetus for the development of research that investigates the social dimensions of ecstasy consumption and policy that implements strategies aimed at reducing the harms associated with recreational drug use. Within this framework, users were not labelled criminals or psychologically inept, drugs were not considered intrinsically bad and drug consumption was not thought to inevitably lead to uncontrollable addiction. Instead, the drug, set, and setting framework introduced the idea that three variables interact to create negative and positive short and long-term experiences. This argument could be applied to recreational drug consumption, policy set out to reduce harm whilst users continued to consume rather than relying on abstinence as the only cure to continued drug use. Both the research and the theory embedded in New Zealand’s drug framework is highly relevant to the small-scale sociological study pursued in this thesis that investigates the practices and knowledges of recreational ecstasy users in the social context of Christchurch. Indeed, one of the aims of this thesis is to exemplify how a sociological analysis of ecstasy use can aid the successful development and implementation of harm reduction measures.

The contemporary drug, set, and setting literature also has important implications for the framing and methodology utilised for this thesis. The literature suggested that any

investigation of ecstasy users required attention to dosage, frequency of consumption, purity, polydrug consumption, frame of mind and different settings.⁵⁰ The research reviewed had a significant impact on the methodology used in this thesis research. It also informs the issues presented and analysed in the following substantive chapters.

In summary, this chapter has discussed the recreational consumption of ecstasy in relation to the wider context of New Zealand's drug control framework. It has reviewed how illicit drug consumption is conceptualised and regulated within this framework. The relationship between the social dimensions of drug use and the harm minimisation framework embedded in the *National Drug Policy* has also been explored. The chapter has highlighted the relevance of a sociological investigation of users' practices and perceptions for the development of harm reduction strategies in New Zealand. Moreover, it has introduced the relevance of the drug, set, and setting framework for this small-scale study of ecstasy consumption in Christchurch.⁵¹ The limitations of this framework and the reasons for adopting actor network theory on this analysis of Christchurch based ecstasy use are discussed in the next chapter.

⁵⁰ Chapter Three discusses the ways these issues shaped the theory and method utilised in this thesis. Further, it also suggests the limitations of this conceptual framework.

⁵¹ It also provides a context for analysis in Chapter Three of the limitations of drug, set, and setting frameworks and the need for a reworked version of this framework. Further, the following chapter will explore the significance of ethnographic approaches to the research in this field and how they were utilised in this qualitative study based in Christchurch. The *National Drug Policy* is revisited in Chapter Six when harm minimisation is explored in relation to a set of Christchurch ecstasy users' practices and perceptions.

Researching Ecstatic Experiences

Analytical and Methodological Focus

Chapter Three explores the theoretical and methodological tools utilised in this small-scale study of how a set of users are ‘doing ecstasy’ in Christchurch. It describes ‘what’ and ‘how’ ‘doing ecstasy’ was investigated and analysed. This focus is both similar and different to the conceptualisations embedded in New Zealand’s drug policy framework and existing sociological drug theory. This chapter will explore the reasons for these differences.

The chapter is divided into two sections. The first section describes the theoretical tools used in this thesis. The analytical focus departs from the sociological perspectives described in Chapter Two in its employment of Actor Network Theory (ANT). The tools offered by ANT open up the idea that society is constructed of materially heterogeneous ‘actor-networks’. I consider the relevance of the ‘actor-network’ metaphor for this investigation of users’ practices, knowledges and experiences of ecstasy. I argue that what ecstasy ‘does’ for users is an effect of the interaction among materially heterogeneous entities; ecstasy is an ‘actor-network’. Consequently, I describe how my research data is analysed in terms of this principle, with a focus on describing how different users ‘work’ to produce ‘states’ of pleasure (or pain).⁵² In other words, the following chapters analyse how ecstasy is ‘performed’ through an array of practices and knowledges and in effect, how ecstasy performs users into a certain ‘state’ of pleasure (or pain).

Section two describes the methodological focus for this thesis. In this section, I recap on the tools of ethnography and/or qualitative research and describe the methodologies employed to investigate the different practices, knowledges and experiences of a small set of ecstasy users in Christchurch. This includes a discussion of access, interviews, participant observation and questionnaire methods used in this research. Within this review, I discuss the implications

⁵² ‘State’ refers to how users feel when they take ecstasy or what feelings ecstasy produces for them. These different states of pleasure will be discussed in detail at the beginning of Chapter Four.

associated with the use of these methods; this will include reflections on positioning of the researcher, ethics, personal safety and research validity.

Theoretical Limitations

While the ‘drug, set, and setting’ and ‘subcultural’ conceptual approaches to drug use highlighted the significance of the social determinants of drug use, they are problematic in the number of ways. First, the ‘drug, set and setting’ framework ‘fixes’ and simplifies the actions of ecstasy. Gomart (1999, 2002) argues that there are two ways of theorising the drug experience. The ‘essentialist’ approach argues that users can interpret drug effects differently, but the core actions of the drug are a direct result of its fixed inherent pharmacological properties. In contrast, the ‘social constructivist’ approach argues that the subject can act, interpret, and use drugs in varying ways so as to produce different experiences, but the ‘drugs’ pharmacological action does not change; it is just interpreted by users in different ways (Gomart, 2002a: 96). Both these conceptualisations force the researcher to see the drug in question as fixed and unchanging:

It is not the *difference* between these approaches to drug, but rather their *common points*, that is the crux of the problem. Both these (historians’) paths suggest that substance itself is that which by definition does not change. The substance is given and constant. It is only what people do, know or claim that can vary. Nature remains and the human world rushes on (Gomart, 2002a: 96).

The drug, set and setting research exemplifies such ‘fixing’ of substance. Zinberg (1984) argues that the effects of a drug are determined by the three variables of ‘drug’, ‘set’, and ‘setting’:

All three variables – drug, set, and setting – must be included in any valid theory of drug use. It is necessary to understand in every case how specific characteristics of the drug and the personality of the user interact and are modified by the social setting and its controls (Zinberg, 1984: 15).⁵³

The last chapter reviewed literature that illustrated the ways in which the experiences of the ‘drug’ can be modified by the purity, polydrug use, settings of use and frame of mind. While these aspects are important, Zinberg’s quote suggests that the experiences of the ‘drug’ can be modified by the social setting, but the substance has a fixed pharmacology to begin with.

⁵³ Zinberg’s “setting” also includes the two sub-variables of social sanctions (rules of conduct) and social rituals (patterns of behaviour) which affect the users experiences of a drug. Social sanctions can define whether and how a drug should be used (formal and informal). Social rituals refers to the stylised behaviour patterns surrounding the use of a drug, such as, methods of administration, selection of physical and social setting for use, activities taken after drug has been administered and ways of preventing negative drug effects.

In similar vein, Becker provides five points that suggest that users' interpretations and settings of use determine experiences of a 'drug':⁵⁴

- First, he argues that the users' experiences of the 'drug' are, in part, determined by the 'set's' recognition and interpretation of the pharmacological effects ;
- Second, the effects of the same drugs may be experienced differently by different people or by the same people at different times. For example, research has found that user report a variety of effects of LSD depending in the circumstances to which the drug is taken. Therefore, users' experiences of the 'drug' are partially determined by the specific 'setting' in which the drug is taken;
- Third, users' expectations influence their interpretations of subjective effects;
- Fourth, the user interprets which of the effects is pleasurable. Effects that seem unpleasant and frightening to the non-user can be a "goal to be sought" by other users. The positive or negative effects of a 'drug', then, are partially determined by the 'set's' interpretations; and,
- Fifth, individual experiences of a drug depend on how others define the drug's effects. This means that if a 'knowledgeable' peer singles out certain effects as characteristic and dismisses others, the novice user is likely to notice the effects singled out as characteristic of his/hers own experience. Therefore, experiences of the 'drug' may be influenced and partially determined by the 'setting' or friendship networks that surround the user (Becker, 1967: 165).

In summary, Becker and Zinberg suggest variations in users' experiences of the 'drug' are socially constructed by the 'set' and 'setting'.⁵⁵ The 'drug' remains constant while "the human world rushes on" (Gomart, 2002a: 96). Hence, both essentialist and social constructivists argue that the effects of a drug are 'already there'.

Consequently, what drugs 'do' is simplified. I develop an alternative argument that the set and setting factors do not just 'interact' or 'modify' the 'drug', nor is the drug seen as having fixed or inherent properties. Instead, the drug, set and setting are contingent and constitute what is meant by a 'drug' experience. As Pini (2001) argues, there are many operations

⁵⁴ This section does not intend on explaining the drug, set, and setting framework see Chapter Two for this. Instead, it uses Becker's analysis to illustrate the ways in which user experiences of drug effects are theorised in social theory.

⁵⁵ For more examples of ecstasy in relation to the drug, set and setting framework see Chapter Two.

involved in the preparation for, production and maintenance of a particular 'state' that users wish to seek:

Simply walking through the door of a rave event, or simply 'popping' a particular drug, in no way guarantees access to the experiential world in which these women want to trip. The raving state or ecstatic 'freedom' must be actively brought into being and maintained – and frequently this involves struggle (Pini, 2001: 176-77).

How different people, places, music, touch, lighting, chemicals...come together and bring a state into being are mostly simplified - to interpretation or pharmacological properties - by social and biomedical scientists.

My second set of concerns about the existing sociological approaches to illegal drug use relates to the concept of 'subculture'. The term 'subculture' fixes and simplifies what constitutes dance culture or other environments in which ecstasy is consumed (Gilbert & Pearson, 1999; Huq, 2002; Pini, 2001; Thornton, 1995). For instance, the focus on the dance party setting has been criticised by some researchers for its one-dimensional analysis of recreational ecstasy use:

Most research of this kind has included questionnaire data aimed as highlighting levels of use and association with dance music settings. As such, there has been limited in-depth research on ecstasy users, their patterns of use and the diverse settings/events where ecstasy is consumed (Hansen, Maycock, & Lower, 2000: 182).

Little research has been conducted on ecstasy that has taken into account the variety of persons and places where ecstasy may be consumed (Strang, 1993: 9). Subcultural theory focuses on 'youth' or adolescent age groups. Most of the attendees of dance parties that I have talked to cannot be considered 'youth'. For instance, the participants in this study range in age from 22-30. In their research report, *'Weddings, Parties, Anything...'*, *A Qualitative Analysis of Ecstasy Use in Perth, Western Australia*, Hansen *et al.* (2000) intended to explore the use of ecstasy within 'hidden' populations. In other words, they studied 'young' (20-30) and 'older' (30 plus) users who were not necessarily involved in the dance party scene (Hansen *et al.*, 2000: 182). Hammersley *et al.*'s (2002) research found that diverse kinds of individuals consume ecstasy in a variety of settings (Hammersley, Kahn, & Ditton, 2002).

'Subculture' suggests that members who are from a similar class, ethnic or age group congregate in a manner that differentiates them from the mainstream. In contrast, some investigations suggest that drug users often frame and understand their consumption of an illicit substance in a similar way to mainstream society (McElrath & McEvoy, 2001 b; Peretti-Watel, 2003; Shiner, & Newburn, T, 1999; Shiner & Newburn, 1997; South, 1999). For

instance, Shiner and Newburn (1997) critique Parker *et al.*'s employment of 'subculture' that underpins their 'normalisation thesis' (outlined in Chapter Two). They argue that Parker *et al.*'s method and theory simplifies the decisions young people make when consuming drugs.⁵⁶ Shiner and Newburn offer a different way of making sense of the relationship between users and the dominant class (Shiner & Newburn, 1997). Their utilisation of 'neutralisation theory' argues that users' perceptions are often similar to mainstream viewpoints and that they only differ in their utilisation of 'techniques of neutralisation' that temporarily justify, understand, frame and rationalise users' consumption of an illicit substance (Peretti-Watel, 2003).⁵⁷

The neutralisation technique of 'scapegoating' refers to ways recreational users purposively draw a border between the stereotypes of 'them' to 'us'.⁵⁸ From this perspective, 'them' defines a risky group of individuals and 'us' characterises a safer group of individuals (Peretti-Watel, 2003: 27). McElrath and McEvoy (2001) found this in their study on ecstasy users perceptions about heroin use. The participants in their study conceptualised heroin users in a stereotypical manner similar to mainstream discourses. Ecstasy users drew distinctions between 'recreational' and 'addictive' users or between 'soft' and 'hard' categories of drugs to create a boundary between 'us' (ecstasy users) and 'them' (heroin users). The ecstasy users saw themselves as having a "good time" and considered heroin consumption as not "fun". The participants utilised negative images to describe heroin users as "dirty" and "scummy people". Heroin users' usage of needles, the ecstasy users argued, is dangerous and a sign of addiction. The authors suggest that users draw on these distinctions because "The belief that heroin is evil allows Ecstasy users to feel better about their own drug use and facilitates perceptions of a safer, more sensible, and 'recreational' sense of identity within their own drug-users sub-culture (McElrath & McEvoy, 2001 b: 186)". Thus, the employment of these

⁵⁶ First, Shiner *et al.* argue that Parker *et al.*'s methodology only uses lifetime measures (whether a respondent has used an illicit drug at any point in their life) and does not distinguish between "one off" users or between current and ex users. Second, this choice in methodology exaggerates and simplified drug related behaviour (1997: 515-516). In summary, Parker *et al.* argue that normative behaviour is reflected in frequency of use. In contrast, Shiner and Newburn argue that this ignores user values and attitudes, which they see as integral.

⁵⁷ Sykes and Matza first introduced neutralisation theory in 1957 and many contemporary theorists have reworked their approach to explain the complex relationship between users and mainstream perceptions of illicit drug consumption. Matza and Sykes argued that subcultures were not necessarily always formed around deviant activities. Instead, many subcultures are only deviant in the way that they offer new routes of pleasure that do not conform to the mainstream (Bennett, 2000: 16).

⁵⁸ Peretti-Watel (2003) identifies two more techniques of neutralisation. The technique of 'self-confidence', refers to the ways individuals distinguish themselves from an anonymous 'other' to deny their personal drug as a risky practice (Peretti-Watel, 2003: 28). The last technique of neutralisation is 'comparisons between drugs'. This technique usually involves users claiming that their consumption of an illicit drug is not as harmful as many of the accepted drugs.

comparative indicators allowed for temporary neutralisation of the ecstasy users' consumption of an illicit substance.

Many cultural theorists studying dance culture have criticised subcultural theory have also argued that the term 'subculture' fixes and simplifies what constitutes dance culture (Gilbert & Pearson, 1999; Pini, 2001; Thornton, 1995). Dance culture does not display the traditional characteristics of 'subcultures' (Huq, 2002: 91). For instance, it is not tightly bonded group of delinquent or working class individuals. Instead, dance culture is multifaceted, complex and membership to the scene can be momentary or ongoing. As Thornton argues: "Clubs and raves, therefore, horse *ad hoc* communities with fluid boundaries which may come together and dissolve in a single summer or endure for several years" (Thornton, 1995: 200). The boundaries between dance culture and the 'mainstream' are not marked by ethnicity, class or gender rather they are usually distinguished by style and taste. Factors such as music, clubs, entrance and drink prices could differentiate between outsiders and insiders {Huq, 2002 #146: 90-96}.⁵⁹

'Subculture' implies homogeneity of dance culture, which is incorrect. Dance culture is made up of many musical genres and these different genres are associated with different philosophies, lifestyles and tastes. Different genres bring in different crowds, different drugs and different reasons for using these drugs. As Bennett suggests, these differences can be national, regional or specific to local settings (Bennett, 2000). In summary, dance culture cannot be defined as a 'subculture' with homogenous characteristics and fixed boundaries. Instead it is should be thought of as

...an open-access forum: rather than a defined ideology, it offers a series of possibilities that people can use to define their own identity, possibilities that can be adapted to each individual's background, social status and belief system...Clubbers, entrepreneurs, travellers, hippies, criminals and musicians have all contributed new discourses to the scene by adapting it to suit their own desires and necessities...The fact that the Ecstasy experience itself is so intensely personal – the impact of sound and chemicals on the body and the brain, the joy of dancing, the intoxication of release – further enables people to define it on their own terms. It is a culture with options in place of rules (Collin, 1998: 4-5).

⁵⁹ Thornton (1995) describes similar concerns in her book *Club Cultures*. She argues that subcultural theory describes consumers as 'oppositional' to a 'parent culture' or 'mainstream'. Consequently, dance culture is often over politicised and at the same time subtle relations of power within the scene are ignored. Thornton argues that there are internal hierarchies which operate within club cultures to determine who is 'hip' enough to become a member. Using Bourdieu, Thornton coins the 'subcultural capital' to illustrate how to become part of a club culture one must developed cultural, economic and social capital; they must have the right taste, finances and circulate in the right networks (Thornton, 1995: 201).

To overcome these limitations, I wanted to develop research that explored ‘the ecstasy experience’, ecstasy users, and their practices as fluid not fixed. To do this, I drew on actor network analysts who provide the conceptual tools necessary to explore *social and material relationships* as *processural* and the *ecstasy experience* as a *post hoc* achievement (Gomart, 2002a; Moore, 1993).

The Actor Network Tool-Kit

Instead of asking about the origins of action (a question which usually leads to a version of Western dualism) it asks instead, about how knowledges or devices are distributed or disseminated...Divisions between human and non-human, subject and object, and agent and structure – all of the dichotomies generally mobilized to explain the collective have disappeared (Callon & Law, 1997: 167)

According to Callon and Law (1997), the actor-network concept attempts to explain how people, things and knowledge spread, circulate or move and connect to form networks. This means that as a researcher wanting to understand how people are ‘doing’ ecstasy in Christchurch, I should not start out assuming that which I want to explain. As Latour argues,

...actors know what they do and we have to learn from them not only what they do, but how and why they do it. It is *us*, the social scientists, who lack knowledge of what they do, and not *they* who are missing the explanation of why they are unwittingly manipulated by forces exterior to themselves and known to the social scientist’s powerful gaze and method (Latour, 1999a: 19).

Unlike many social theorists analysing drug consumption, I want to start thinking how the states described by my participants could be outcomes constructed through many things - as opposed to being simply a direct effect of the pharmacology MDMA. The only assumption that actor network theorists have is that interaction exists. The objective is to map interactions to study how things come about. The actor-network trope avoids the application of epistemological presumptions to those being researched. ANT provides a set of methodological tools on how to go about mapping interactions between different entities.

In this section I explore how the metaphor of ‘actor-network’ suggests that what constitutes society, people and objects are all effects facilitated by patterned networks of many different materials (human and non-human) (Law, 1992: 380). This means conceptualising the social as constituted through heterogeneous networks.

ANT considers that the social as materially heterogeneous. There is no epistemological presumption made by an actor network analyst between different entities. All elements, whether a gesture, chemical, dance floor, DJ booth, technique or human should be included as

valuable subjects for study (Fujimara, 1992: 171; Star, 1998: 200). This means that all entities (human and non-human) can participate in the construction and ordering of the social.

The ANT argument is that the social is composed of networks rather than one concrete 'macro' society (Callon, 1991: 147). These networks are made-up of interacting entities that connect to form patterns or actor-networks. The actor-networks are fluid in content and constantly change with the introduction of new entities. Therefore, social ordering is a relational effect of heterogeneous patterning or 'actor networks' (Law, 1992: 381).

ANT also introduces the concept that entities are actor-networks. Bruno Latour illustrates this in his study on Pasteur, where he argued that Pasteur was an effect of a network of heterogeneous elements:

This Pasteur-network was made of a lot of bits and pieces: laboratories, domesticated strains of bacteria, notebooks, statistics...Pasteur was much more than a single entity, not just a body and a soul. Or rather it is that he was much more than a body who interacted with other bodies...To put it simply, Pasteur was a network (Callon & Law, 1997: 169).

What makes an entity, then, is constructed not 'given', fluid (and only ever provisional) not 'fixed', and materially heterogeneous not 'homogeneous'.

The metaphor 'actor-network' implies notions of fluidity, movement, and process. Thus, the terms 'society' and 'entity', should be considered as verbs rather than nouns – they describe the patterning or connections made between varying materials which are constantly in a state of flux. This acknowledges that the actor-network being studied could have been otherwise and the affects of interaction between different materials is unpredictable.

Ecstasy as a Heterogeneous 'Actor Network'

This thesis investigates ecstasy as a heterogeneous 'actor-network'. Ecstasy is conceptualised as inseparable from the practices through which it is used. People consume ecstasy because they seek some sort of 'state' that they enjoy. I argue that this 'state' is not produced by the pharmaceutical properties 'already there'. Nor are the effects just a matter of interpretation. Instead, what constitute the effects of ecstasy are an outcome of the practices that users employ to 'do' ecstasy. This means that there is no 'one' property inherent to ecstasy that creates a fixed effect. What ecstasy 'does' is an effect of heterogeneous network of practices that all converge to produce a 'state' (or not) that the users desire (Gomart, 2002a: 98).

ANT provides a series of methodological tools to analyse the interactions that occur among entities: “[ANT is] a method not a theory, a way to travel from one spot to the next, from one field site to the next, not an interpretation of what actors do simply glossed in a different more palatable and more universalist language” (Latour, 1999a: 20-21). Rather than considering ANT as a ‘theory’, I use it as an ontological ‘frame’ that results in attention to production, fluidity and control as themes and an approach to generalising and interpreting information that focuses on networks, process and contingency. Therefore, I utilise actor network theory as an analytical framework to interpret the research findings presented in the following chapters.

Ecstasy as ‘Produced’, ‘Fluid’, and ‘Controlled’

With this theoretical focus on the properties of ecstasy as not pre-given but constructed, I focus on how ecstasy is **produced** and emerges within specific settings. Influenced by Emile Gomart (2002), I describe how the different heterogeneous network of practices ‘performs’ ecstasy and how ecstasy performs users into a ‘state’ that gives them pleasure and in some ways pain. This involves a ‘two way’ focus and multiple questions. First, what are the pleasurable ‘state(s)’ users want ecstasy to perform? Second, what are the operations that produce and maintain the positive ‘state(s)’ users wish to seek (Pini, 1998: 170)? How do users ‘do’ ecstasy? What work needs to be done to produce whatever positive state they wish to enjoy? What techniques, objects, chemicals and knowledge do they have employ? Where do they have to use ecstasy? What do they have to be doing? Who do they have to use it with? What potential disturbances to they have to minimise? Therefore, I do not consider what ecstasy ‘does’ as fixed, instead, I argue that specific effects are produced through practices within specific settings (Gomart & Hennion, 1999: 520).

I also consider the fluctuating factors that help shape the practices and knowledge utilised by the participants in this study. The theme of **fluidity** encompasses some of the experiences that users argue could potentially disrupt or make possible the successful construction of ecstatic pleasure. It explores the changing face of the ecstasy network amid the heterogeneous characteristics of ecstasy, individual users, friendship groups, local and global settings. Hence, I utilise this theme to emphasise the importance of mapping the possible implications of the contingent constitution of objects, locations and people when studying ecstasy consumption.

Finally, the research illustrates the ways in which participants identify and/or employ individual and group harm reduction strategies to **control** the breakdown of the actor-

network. I exemplify participants' utilisation of specific practices and knowledge to manage, control, and reduce potential negative outcomes. Further, I present participants' accounts of potential drug-related harms associated with ecstasy consumption in localised settings within Christchurch and their identification of possible improvements to these environments. This theme is employed to acknowledge the relationship between users' practices and knowledge and the harm reduction concept embedded in New Zealand's drug regulation.

In sum, this thesis aims to explore how different people are 'doing' ecstasy in Christchurch, the different reasons they have for using ecstasy and the relationship between the practises of different groups of ecstasy users and New Zealand's drug policy. The next section describes the methodological tools utilised to fulfil these research aims and the implications of my chosen methodologies.

Classical Ethnography

As alluded to in Chapter Two, ethnography is widely regarded as providing important methodological tools for researching drug-using populations (Akins & Beschner, 1980). My qualitative fieldwork was influenced by the ethnographic approach in two instances. First, with a focus on investigating users' own practices, I was influenced by ethnographic strategies that allow the researcher to discover the social practices and perceptions of those being studied in their natural environments. Walters suggests that "ethnographers describe the respondents and their world...ethnography is the study of a culture from within" (Walter, 1980: 17). This emphasis on immersing oneself in the social networks of the participants, allows the researcher to gain insights into users' perceptions, practices and circumstances of drug use, which are observed without disrupting the normal sequence of events (Hansen et al., 2000: 182).

Second, my research aim is to investigate users' heterogeneous practices within particular social settings and the relationship between these practices and harm minimisation measures. Ethnography methodologies focus on the interactions that occur within and between social groups and between particular groups and wider society. As Moore argues, ethnographers are:

Ideally positioned to describe and interpret the social processes which underlie drug use, the social meanings of drug use fashioned during the social interaction and the harm minimisation practices currently employed by drug users to reduce drug-related harm (Moore in (Hansen et al., 2000: 182)

This approach can facilitate analysis of the possible linkages (or disjunctions) between different social groups investigated.

The two qualitative tools I used to investigate some of the ecstasy users practices in Christchurch were participant observation and interviews. Thus, apart from semi-structured interviews, I also used the informal method of participant observation. This method involves the researcher spending time with participants while they perform their everyday activities. The advantage of this approach is that it enables the researcher make close relationships with their participants in their setting of choice (Plant & Reeves, 1976: 158). The interviews were both informal and formal. Informal interviews occurred while I was involved in participant observation. Formal interviews occurred within the participant's natural environment but also involved posing questions prompted by the literature reviewed in Chapter Two.

Data was collected between June and December 2003 through a range of strategies including semi-structured interviews, participant observation in settings connected to interviewees and distribution of questionnaires partly through those interviewed and partly in other ways. Others were indirectly involved through their attendance casual parties or organised dance events when participant observation was taking place.

Access, Hidden Populations and Ethical Dilemmas

My recruitment methods were chosen carefully for two reasons. First, my target group is considered a 'hidden population' and second, I needed to confront various ethical dilemmas associated with studying a group of people who engage in illicit acts such as ecstasy consumption.

Walters *et al.* (1989) define hidden populations as social groups that reside outside of official settings, such as institutions or clinics, and whose actions are concealed from mainstream society (Watters & Biernacki, 1989: 416). As a result, recruiting a 'representative' sample from these hidden populations is difficult. Accessing participants can be problematic if they do not interact in some way with a formal setting. It is also difficult to 'know' the boundaries, characteristics and distribution of people within hidden populations (Schensul, LeCompte, Trotter II, Cromley, & Singer, 1999). Using the available research on ecstasy consumption, I decided to gain access to my hidden population through key informants, snowballing and participant observation (Forsyth, 1996; Hammersley, Ditton, Smith, & Short, 1999; Lenton, Boys, & Norcross, 1997; K. McElrath, & McEvoy, K, 2001 a; R Power, 1989; R Power & Harkinson, 1993; Riley, James, Gregory, Dingle, & Cadger, 2001; Shewan, Dalgarno, & Gerda, 2000; Solowij, Hall, & Lee, 1992; Topp, Hando, Dillon, Roche, & Solowij, 1999; Williamson *et al.*, 1997).

Researchers acknowledge that utilising key informants in combination with snowballing methods is a useful way of gaining access to hidden populations (Hammersley et al., 2002; Shewan et al., 2000). Key informants are individuals who have good access to others and personal knowledge of the scene in which they participate. The aim is to talk to these individuals to gain not only insights into the groups of people being studied but also to make further contacts through their nomination of others who could be approached to participate in the study. This process is known as 'snowballing'.

I chose ten people that I considered 'knowledgeable' and 'useful' in nominating others who would be interested in completing a questionnaire about ecstasy consumption. Contact with these participants was initiated through previous research I had completed on dance culture or ecstasy in 2002 during my honours year. I completed four papers that explored DJ culture, women's experiences of dance parties, ecstasy use and drug regulation, and electronic music producers. Because of this research, and my personal attendance at dance parties and other settings at which ecstasy may be consumed, I made contact with ecstasy users willing to participate in this research (Shewan et al., 2000). I applied no rigid criteria when I approached these participants, such as whether they used ecstasy in the last year or if they were regular users. Instead I chose the key informants based on their varied experiences of ecstasy in different settings and locations and users with varying occupations, lifestyles and commitments. I aimed to recruit a range of males and females aged between 20-35 years of age in order to gain knowledge of a variety of experiences of ecstasy use within Christchurch's nightlife scenes.⁶⁰

An important research issue for this thesis was the ethical and legal obligations I needed to fulfil to protect the anonymity of my participants and maintain the confidentiality of any information on illegal activities. As Fitzgerald and Hamilton suggest, an assurance of confidentiality and anonymity is essential to the establishment of a trusting relationship between researchers and researched and is integral to the study of illicit drug use: "Research onto sensitive, stigmatized or illegal behaviours fundamentally requires an assurance from the researcher that information provided by the research participants will remain confidential and that anonymity will be maintained (Fitzgerald & Hamilton, 1997: 1099)". Meeting ethical and

⁶⁰ See appendix one for a profile of these key informants and the other ecstasy users, settings and drugs which are the topic of Chapter Five.

legal obligations was also essential in that I had to gain ethics approval from the Human Ethics Committee at the University of Canterbury to go ahead with the research.⁶¹

There were several measures taken to ensure that I met all legal and ethical obligations as a researcher investigating illicit drug consumption. All key informants were assured that their identity would be kept anonymous and all information they revealed about their experiences with ecstasy would remain confidential. Before the interviews began, each key informant and survey respondent was given an information sheet that described the aims of the thesis, what their role in the research would be and how their identity and information would be kept anonymous and confidential.⁶² The questionnaires were also accompanied with an information sheet that described the aims of the thesis and an assurance of confidentiality.⁶³ After they had read the information sheet, each key informant was given a consent form to sign, which stated that they understood the information sheet and agreed to participate.⁶⁴ It was also stated on both the information sheet and consent form that the key informants could withdraw at any time and also withdraw any information about their ecstasy consumption from the research. At the commencement of each interview with the key informants I signed a confidentiality form to reinforce my commitment to the protection of my participant anonymity.⁶⁵

The ten key informants chose pseudonyms that were used throughout the research process beginning with the consent forms so they could not be identified even if the consent forms were accessed. The events they attended and any other details that might reveal the identities of individuals were changed to assure anonymity. No list connecting these pseudonyms and the actual names of participants was generated. The transcriptions of the interviews only used the pseudonyms and after the transcriptions were completed; the mini discs containing recordings from the interviews were deleted in order for anonymity to be assured. No one, other than myself, had access to the names of my participants.

⁶¹ There are also many legal liabilities that are not discussed here in relation to the legal risks for myself as a researcher studying illicit activities. For example, Fitzgerald and Hamilton list four legal risks including refusal to disclose information, aiding a criminal activity, obstructing police and misrepresentation of participants (Fitzgerald & Hamilton, 1997: 1101). They exemplify this with a case in America where a sociology graduate student was jail for 159 days for contempt of court after he refused to disclose confidential information out of his ethnographic research on an animal rights group. See Fitzgerald and Hamilton (Fitzgerald & Hamilton, 1997) and Loxley *et al.* (Loxley, Hawks, & Bevan, 1997) for further explanation on these legal risks and the conflict between social research and legal responsibilities.

⁶² See Appendix Two for copy of the information sheet given to each key informant.

⁶³ See Appendix Four for a copy of the information sheet that accompanied with the questionnaires.

⁶⁴ See Appendix Six for a copy of the consent for key informants.

⁶⁵ See Appendix Seven for a copy of the confidentiality form.

The mini discs containing the transcriptions and any hard copy printouts were kept securely in a locked filing cabinet in my study. Any processed material was kept on University of Canterbury server, which requires my own personal user code and password to be accessed. I was the only person with access to the raw material generated from questionnaires and interviews. My supervisors had access to the hard copies of the key informant transcripts that used pseudonyms. However, they returned any hardcopies to me after sighting the material.⁶⁶ I was assured that I had met all ethical and legal obligations when I received ethics approval from the Human Ethics Committee on 14th May 2003.

Interviews

Once I had obtained consent from the 10 key informants, I conducted semi-structured interviews with each of them. I utilised prompting questions to facilitate responses from my participants while allowing discussion to flow freely. I had identified topics that I wished to discuss during the interviews. This meant that unlike the traditional approach employed by many ethnographers, I did maintain some structure within my interviews. I had six topics that I wanted to cover within each interview: first time use, general consumption, friendship networks, drug use and scene(s), organisation of these scene(s), and negative aspects of ecstasy use.⁶⁷

Under each of these topics, I had a list of prompting questions that I tried to cover within each interview. In general, these questions were intended:

- 1) To facilitate discussion of different personal histories of ecstasy use and the ways in which particular practices are important. This included discussion of the specific kinds of settings or scenes where ecstasy was used, and the modes of use important to these settings;
- 2) To encourage participants to talk about the differences between the uses of ecstasy at different events or settings. This also included talk about the differences between ecstasy and other drugs.
- 3) To encourage participants to talk about how they feel when they consume ecstasy in different settings. This included getting participants to talk about their experiences

⁶⁶ Files of the transcripts and questionnaires on floppy disks and on the hard drive of my own computer will be kept for up to two years so they are available for use in published papers based on this research. These files will then be destroyed.

⁶⁷ See Appendix Three for general topics and prompting questions.

with drug taking and dancing, interpersonal relationships, physical and mental sensations, inappropriate and appropriate behaviour;

- 4) To facilitate discussion with participants about the role of ecstasy in their lives. This included facilitating talk on ecstasy in relation to work, family, partners, and children. This also led to discussions about availability, access and financial constraints and what was specific about ecstasy consumption in New Zealand. This led talk about the differences between use in New Zealand and using ecstasy in other countries;
- 5) Finally, to get participants to talk as much as possible about the how they 'do' ecstasy, the 'effects' of ecstasy and their identification (or not) with 'harm minimisation'.

These aims were modified slightly as I progressed through the interviews and gained better knowledge of users' practices and perceptions. For instance, I included more questions on experiences of ecstasy use in other countries. Further, when I interviewed those who had experienced many different drugs, I facilitated talk on comparisons between drugs, to exploit this area of knowledge (Pini, 2001: 86).

The interviews lasted from 1-1-½ hours. They were recorded onto mini disc and transcribed as soon as possible. All the participants were given the opportunity to read the transcripts of their interviews and make any changes or elaborate on things they said within the interview. I also made contact with participants when I needed to explain or expand on some points that they had made in the interview. The interviews took place either in the participants' own homes, at my own home, or in a private room at university.

Participant Observation and Researcher Role

In addition to the interviews, I spent time with the participants at their social parties and dance events and talking informally with ecstasy users. I attended the settings in which ecstasy may be consumed weekly/fortnightly throughout the span of researching and writing this thesis. I usually attended these settings with participants, but also sometimes without them. The settings I observed included parties at participants and other individuals houses, and the pubs and bars in the suburbs where participants lived, indoor dance parties in Christchurch city and one large scale outdoor dance party south of Canterbury.⁶⁸ This research strategy included not only observing behaviour within these settings, but also talking informally with others about

⁶⁸ Chapter Four describes the characteristics of these settings in more detail.

my research and their viewpoints or personal experiences with ecstasy. A large percentage of the people I talked to informally approached me when they heard about my research. I found this method extremely beneficial in that most people enjoyed sharing their experiences and ideas freely in an informal environment and an informal manner. After attending these different events I would record any interesting observations or informal conversations in my research notebook. In this respect I engaged in more traditional fieldwork.

I did not just 'sit back' and observe. Instead, as Pini suggests, my "own experiences acted as 'data' and a useful resource in many different ways" (Pini, 2001: 89). Most important was the way my participation in these settings and conversations with others at these events acted as "a point of reference" that reinforced or challenged understandings generated through the interviews. Through participant observation I got a better understanding of the similarities and differences between ecstasy users. As Plant *et al.* (1976) suggest observations of heterogeneity are important "since much of the existing drug research has been limited to relatively homogenous populations" (Plant & Reeves, 1976: 158). Additionally, it created a connection with my participants in their recognition that I too attend, participate and enjoy the same activities as they do. As Fontana and Frey explain, it is important to establish rapport with participants in order to "open doors to more informed research" (Fontana & Frey, 1994: 367). Thus, my participant observation established this rapport as well as informing my research.

There were two issues I have to consider in relation to the participant observation research strategy. First, I had to consider implications of this participant observation strategy for the relationship between myself as researcher and those involved in this research. Second, I had to consider the implications of participant observation for my personal safety.

One issue I encountered in relation to participant observation was whether to operate covertly or overtly. Operating covertly refers to researchers who work anonymously from the inside of the social networks they are studying. This approach allows the researcher to observe and engage in conversations without subjects identifying them as an outsider. However, there are many practical disadvantages of using the covert approach when researching illicit drug consumption. There is the difficulty in remaining covert without having to participate in illicit drug use, which could produce many legal and ethical dilemmas for the researcher. Probing participants about their illegal activities constantly may seem inconspicuous to participants increasing the risk of exposure. Then, if exposed by the participants, the researcher may lose all trust and rapport.

In contrast to the covert approach, overt observation involves the researcher being open about their research. The aim is to gain the trust of individuals before beginning interviews. In this way, participants will feel comfortable answering questions about their drug use. Gaining rapport and trust with participants is also important for gaining information through interviews. Instead of imposing academic preconceptions upon drug users, it is important to try and see drug use from the users' perspectives. However, this can also create problems if the researcher becomes too much of an insider thereby losing their objectivity: "as the researcher may become a spokesperson for the group studied, losing his or her distance and objectivity, or may "go native" and become a member of the group and forgo the academic role (Fontana & Frey, 1994: 367)". It is important then, to maintain some sense of distance between the researcher and the researcher.

The relationship between these two approaches is complicated and in relation to this research a 'clear cut' distinction is impossible (Hansen et al., 2000: 183). All the participants knew that I was a researcher who was investigating ecstasy consumption in Christchurch. However, my membership in the social groups in which I observed began before I embarked on this research. Some of the participants in this study I have known for some time and others I only gained contact with through networking for the purposes of the research I did in my honours and masters years. Due to these circumstances, I am both a researcher and an insider within the culture I am studying.

There were a series of advantages that arose out of this position as the immersed researcher role. The close relationship I had with my participants helped the participants feel comfortable about discussing their ecstasy use freely and openly. I already had a substantial knowledge base of some of the participant's experiences with ecstasy and jargon they might employ when they spoke about it. Access to participants was made relatively easy, in fact, most participants knew what I was researching and wanted to be involved in the research. Further, my position in the networks in which my participants were involved allowed me to feel comfortable about attending social gatherings and dance parties.

In summary, I never felt like I was defined as an 'outsider' by the various participants because of my regular involvement in their social networks and attendance at events at which ecstasy was consumed. Hansen *et al.* (2000) have reflected on using covert and overt methods in this way:

The researcher used overt methods when engaged in observations at private dwellings and other use settings where the subjects were aware that they were being observed.

Covert observation refers to those times when the subjects under observation may not been aware that they were being observed (Hansen et al., 2000: 183).

Apart from issues relating to my role as a researcher, there were a number of personal safety issues that I needed to address during this investigation. In order to receive ethics approval from the Human Ethics Committee I had to ensure my personal safety while conducting participant observation at dance parties and other social gatherings. Hansen *et al.* (2000) identify three issues that I considered. These included the offer of illicit drugs, sexual advances and the risks of observing an illicit act. Often while conducting research in this field, researchers have been offered drugs by their participants as a way to initiate them into their social group (Hansen et al., 2000:184). However, because I had been associated with many of the participants for some time this problem did not arise. In short, there was no reason for me to be 'initiated' in a social group to which I already had access. Additionally, the age group of my participants was older than those on which most research on ecstasy consumption has been conducted and peer pressure was not such an issue.

In the research I conducted in my honours year were arguments made by many women that dance parties were a relatively safe environment (Pini, 2001). Compared with other social settings, such as bars or nightclubs, many women found that dance parties were a space where they could express themselves and have fun without being the focus of male attention. Attending dance parties as a woman did not seem unsafe to me. However, to ensure my safety, I attended most dance parties with participants in the study or other individuals within these social networks.

There was also a personal risk of observing and recording illicit drug consumption, purchase and distribution. Knowledge about drug dealings can pose ethical and legal risks to a researcher. To counteract this, any information given to me in interviews or illicit acts that I observed were not recorded. Specific knowledge on the supply of ecstasy was not important to this thesis. Instead, I focused on individuals' experiences with ecstasy and only recorded information on prices and general information on how they accessed ecstasy for their personal consumption.

Questionnaires and 'Triangulation'

Power (1989) argues that qualitative methods should be considered an essential element of an approach that also includes quantitative data (Power, 1989: 44). As well as my ethnographic qualitative research strategies, I distributed 60 questionnaires and analysed them in relation to New Zealand's large scale 1998 and 2001 *National Drug Surveys*. The questionnaire covered

the general topics used in the interviews and, like the participant observation, was used as a point of reference for the interview material.⁶⁹ Further, the intention of this strategy was to broaden the range of practices reported on in Chapter Four and Five. Both the key informants and I dispersed the questionnaires. Originally, my aim was to give each key informant five questionnaires (fifty in total) with self addressed stamped envelopes to pass on to individuals in their social networks. However, this method did not work well. Out of the forty questionnaires I gave to my key informants, only 20 came back. Sometimes the key informants did not distribute their questionnaires or they gave the questionnaires to others who never sent them on to their intended recipients (often leaving the questionnaires on coffee tables for months!). Although the questionnaires were anonymous, the key informants also suggested that some of their acquaintances felt apprehensive about recording their illicit drug taking.

In an effort to obtain more completed questionnaires, I decided to get twenty more questionnaires completed myself through contacts I made while attending different social events. This way I could approach individuals, ask them to complete the questionnaires and wait until they had filled out the questionnaires. This meant I received the completed questionnaire straight away rather than hopefully waiting to receive them in the post. When I approached people directly, I managed to get all 20 questionnaires completed. In total, I received forty completed questionnaires. It is important to note that the sample was an opportunistic one. Thus, while information from the survey adds additional depth to the interview material, no generalisations can be drawn from it about the population of ecstasy users as a whole.

When studying hidden populations, researchers must address issues relating to the validity of their research findings (Schensul et al., 1999: 180). The validity of the research findings for this thesis was accounted for by convergence of data sources or 'triangulation' (Hansen et al., 2000: 184). This included comparisons between interviews, comparisons between interview findings and observational data and the utilisation of descriptive questionnaires. When differences between data sources occurred, especially between interviews and observations, I invited my key informants to comment. This often led to accumulating material about how users' practices and perceptions differ from one another. This informed my theoretical discussion about the multiplicity of users' practices and perceptions.

In summary, this research does not intend to represent 'all' ecstasy users in Christchurch. The research is a small-scale study that investigates multiple users' experiences and

⁶⁹ See appendix two for the design and layout of the questionnaire.

understandings of their ecstasy consumption. The thesis also attempts to link these partial experiences and understandings with broader political discourses on illicit drug consumption. The thesis is informed by the idea that no research can ever be representative of 'all' practices and perceptions of ecstasy consumption in Christchurch. The use of Actor Network Theory encouraged the investigation of the multiple ways of doing and seeing ecstasy in Christchurch.

Conclusion

This chapter has described the theoretical and methodological tools I employed to analyse data on 'doing' ecstasy in Christchurch. It has identified what I wanted to find out and how I investigated some users' practices of ecstasy use. How this focus departs from the sociological theories described in Chapter One and Two has been outlined in this chapter. I have argued that users' experiences of ecstasy are best seen as an effect of the interaction between materially heterogeneous entities. I argued that ecstasy is an 'actor-network'. Then I described the specific strategies employed to investigate users' experiences with ecstasy. I reviewed the recruitment of participants, interviews, participant observation, and questionnaires strategies. This led to a discussion of the various implications of these methods including positioning as researcher, ethics, personal safety and issues relating to the validity of material collected through this project. The following chapters draw on the interview, questionnaire and observational material. I use the frame of ecstasy as an actor-network to analyse the production, fluidity and control themes. Attention to process and the fluid and contingent features of social life inform the following analysis of my research findings.

‘Doing Ecstasy in Christchurch’

Producing Ecstatic Pleasure

Users talk a great deal about how to get ‘high’. They discuss among themselves techniques of administration and deals for quality substances, and they devise ‘potentializing’ cocktails of drugs (methadone is mixed up with alcohol or benzodiazepines to enhance its usually dull ‘opiate’ effect). Users also discuss and set up locations (geared towards the activity they intend to accomplish, ie. theft or hard work), times (night/day), human company (friends, few cops, etc.). Might we say that in those moments the user is only *making* the drug arrive? The descriptions of the ‘high’ show that skilful preparation is a condition for the drug’s taking over (Gomart & Hennion, 1999: 236).

This chapter presents the positive experiences of ecstasy described by participants in this study. It explores the different practices and knowledges involved in producing ‘ecstatic pleasures’. In similar vein to Emile Gomart’s quote above, this chapter argues that the pleasurable effects of ecstasy are not ‘already there’ (Hennion, 2001: 1). Instead, ‘ecstatic pleasures’ are performed using a variety of techniques and skills. Knowledge of objects, organisations of space, time, place, friends; and dispositions of mind are all crucial to these performances. Users are ‘done’ as much as they are ‘undone’ as users both ‘make’ and ‘let’ feelings happen (Pini, 2001: 170).

The analysis commences by discussing the people, places and drug consumption characterised in the research material. The aims of consumption – the pursuit of ‘ecstatic pleasure’ – are then explored. This includes decreased inhibitions, increased senses, increased happiness and increased sociability. The beneficial experiences are then related to existing social theories that attempt to make sense of ecstatic pleasure seeking. In doing this, the rationale for this chapter is reinforced - to explore the work that lets ecstatic pleasure ensue. The practices and knowledge relating to the administration, organisation and polydrug or co-use of ecstasy are discussed. The chapter explores how the potentialisation of ecstatic pleasures involves particular practices and knowledges. Further, it argues that practices and knowledge are only learnt through users’ experiences of the benefits that I have summarised as ecstatic pleasure.⁷⁰

⁷⁰ The following chapters explore changes in practices and users’ negative experiences of ecstasy.

People, Places and Drug Consumption

Defining what types of people are doing ecstasy in Christchurch is difficult. Key informants were asked the open-ended question “what types of ecstasy users are there?” in an attempt to construct a typology of ecstasy users. This involved a similar research strategy to that adopted by Hammersley *et al.* (Hammersley, Kahn, & Ditton, 2002: 32). However, this did not lead to descriptions of specific types of user group(s). Instead, the key informants described various groups of individuals that might consume ecstasy, some of whom might be unexpected:

I think sometimes there are even people that you'd think, 'there's no way he or she would ever' [take ecstasy], it can completely surprise you. My friends just about fell off their chairs when I told them that I had had ecstasy. They just went, “I don't believe you”, cause I was the person that they thought would never...so, I think that some people can surprise you (Samantha).

At the completion of each questionnaire, respondents were asked to give their age, gender and occupation. It was hoped that the questionnaires would generate further understandings of the demographics of people using ecstasy in Christchurch. The results showed an overrepresentation of males, who made up 67.5% of the respondents. Ages ranged from 20-35 years, with the majority aged between 23-28 years. Most of the respondents were employed (47.5%) and the rest of the sample were students (10%), student/employed (12.5%), unemployed (15%), and other (12.5%).⁷¹ These demographic characteristics are similar to the profiles of the key informants, with their ages ranging between 23-30 and all but one (student) being employed full-time.⁷²

I compared these findings with statistics provided by New Zealand's 1998 and 2001 *National Drug Surveys*. Similar to my findings, the *National Drug Surveys* illustrate increases in ecstasy consumption within the age group of 20-29 (who constituted 67% of users) and the 2001 sample was made up mostly of men (70%). Further, increases in ecstasy use were highest among young men. For example, the percentage of men aged 20-24 years using ecstasy increased from 4.3% in 1998 to 12.5% in 2001. The consumption of ecstasy by men aged 25-29 years increased from 3.2% 1998 to 8.8% 2001 (Wilkins, Bhatta, Pledger, & Casswell, 2003: 4-6). The *National Drug Survey 2001* showed a broad range of occupations, qualifications and annual income among ecstasy users. Fifteen percent of respondents identified themselves as in a managerial position, 8% in professional positions with university degree, 34% clerical sales, 15% manual employment and 21% skilled trade jobs.

⁷¹ Other constituted self-employed or traveller.

⁷² The questionnaires were mainly distributed by the key informants. Thus, similarities between the key informants and those responding to questionnaires are, in part, a product of the links between these networks.

Comparatively, net incomes ranged from 20% of ecstasy users earning less than \$10, 000, 61% less than \$30, 000 and 10% earned \$50, 000 or more (Wilkins et al., 2003: 6). While this survey indicates that males between the ages 20-29 are overrepresented among ecstasy users, the respondents' occupations, educational qualifications and annual incomes were heterogeneous.

Rather than there being different 'types' of people who consume ecstasy, the key informants argued that there are specific social settings or events that individuals attend to perform ecstatic pleasure. The key informants suggested that drug consumption could vary between different settings. These comments parallel the research findings of Korf *et al.* (1996), findings that confirmed different users may consume different drugs in different locations. They distinguish two groups of ecstasy users according to the choice of setting, 'in-users' and 'out-users'. In-users tend to take ecstasy at home and out-users at dance parties (Korf *et al.* in (Forsyth, 1996). Forsyth's study (1996) introduces a third setting called 'house parties' that he describes lies somewhere between the two extremes of in-users and out-users (Forsyth, 1996: 514).

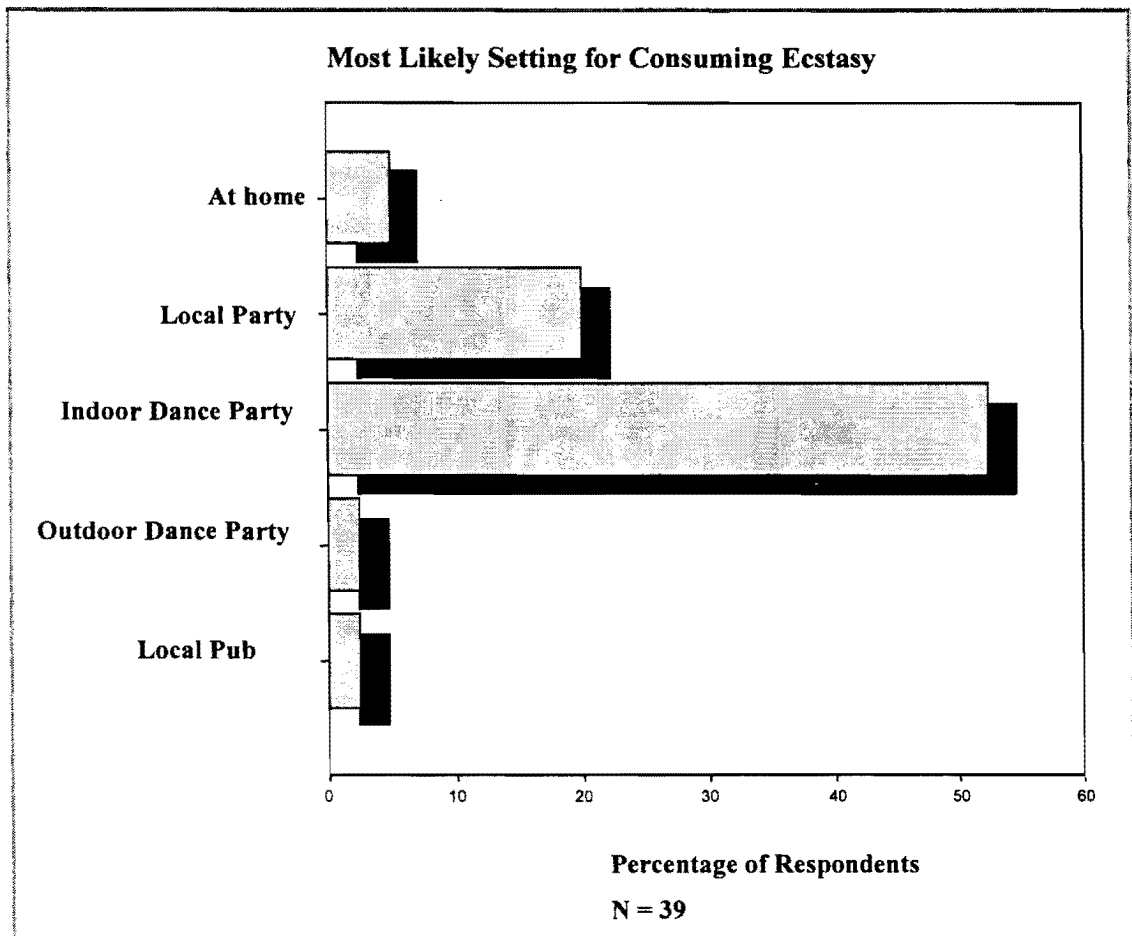
I have identified three significant settings in which the participants in this study consume ecstasy – 'at home', 'local parties' and 'dance parties' (Korf *et al.* in (Forsyth, 1996). The at home category includes local settings such as small social gatherings at friends' places that may include attending neighbourhood pubs or bars. The dance party category describes electronic dance music parties that are held indoors at nightclubs in the city or outdoors in locations outside of the city. However, as Forsyth has indicated, both sets of users also consume together at large social gatherings at someone's home or within a particular neighbourhood that may or may not involve dancing. I call this setting 'local parties' (Forsyth, 1996: 514).

These environments of use were depicted in the interview material and questionnaires as popular places to consume ecstasy.⁷³ The graph below illustrates the percentage of questionnaire respondents who choose to consume ecstasy at home, at local parties, and indoor or outdoor dance parties.⁷⁴ It shows that the most likely setting for consumption as indoor dance parties with 52.5% (*n*21) of the respondents choosing this category. Local

⁷³ The questionnaire respondents also suggested other events at which ecstasy might be consumed such as work events, graduations, festivals, weddings, concerts, restaurants and Christmas celebrations. This chapter is focused on the settings where the participants in this study took ecstasy on a regular basis.

⁷⁴ This graph does not include those who picked more than one setting as the most likely setting they would consume ecstasy. 7.5% of the 40 respondents chose indoor/outdoor, 2.5% did not tick any box and 7.5% chose local party/indoor/outdoor events as the most likely settings to use ecstasy.

parties were the next popular with 20.1% (*n*8), followed by at home 5% (*n*2), outdoor dance parties 2.5% (*n*1) and local pub 2.5% (*n*1).



I use the term 'at home' to describe setting(s) in which friends gather at each other's houses and socialise. The at home users were not people who did not like to "party", rather they were users who tended to consume ecstasy with people known to them in local domestic settings. I attended these settings often throughout the research and observed that at home gatherings were mostly informally organised between friends the night before, or on the day of the party. The scale of these parties ranged depending on how much effort the host had made to invite people to attend the gathering they were organising. Additionally, often the size of the parties would be influenced by what else was happening around the city (such as dance parties or rugby games), individual commitments (weddings, family or work commitments) and

financial limitations.⁷⁵ Consequently the at home parties could encompass 10-30 people depending on the success of informal organisation or lack of constraints on those attending.⁷⁶

The smaller at home gatherings occurred frequently (weekly/fortnightly) but ecstasy consumption did not necessarily take place on every occasion. A night spent in these settings may consist of listening to music, talking to friends, drinking alcohol, consuming drugs and dancing. Apart from my observations, the key informants stated that they often consumed ecstasy within these settings and would frequent the local pub sometime during the night. Thus, evenings at home were usually quite relaxed and not always specifically focused around the consumption of ecstasy.

Larger at home parties occurred less frequently (every three months) and were usually organised around certain celebrations, such as birthdays. In this setting, attendees were more likely to be consuming ecstasy because they were celebrating a “special” occasion.⁷⁷ As indicated in Forsyth’s study, all the participants in this Christchurch research stated that they would usually consume ecstasy at large social gatherings. Thus, there were overlaps between the large at home social gatherings and dance party settings for ecstasy use.⁷⁸

Defining dance goers, for the purposes of this research, is a complex matter. Since the disco period where the art of DJ’ing transformed into an occupation, the consumption and production of dance music has accelerated at a phenomenal rate. In Britain today, clubbing is one of the most significant forms of leisure activities with the ‘nightclub industries’ estimated at a total of £2 billion a year. Within the electronic dance music industry, over one million young people in the United Kingdom spend on average £35 a week on attending ‘gigs’ (Malbon, 1998). The significance of dance music spread to New Zealand with the emergence of electronic music production and entertainment events in the late eighties. The *Loops and Samples* website dedicated to the emergence of dance music in New Zealand, argues that the kiwi ‘O.E’ had a major influence on the development of this new leisure formation. The

⁷⁵ The key informants suggested that if they were saving or budgeting they would tend not to go out in the weekends. This was not necessarily to do with the fact that they could not afford ecstasy, but because in general they were not purchasing any luxury items.

⁷⁶ The different influences that shape the frequency and size in at home parties are discussed in Chapter Five.

⁷⁷ The idea of consuming ecstasy for “special” occasions and events is integral to understanding the localised characteristics of ecstasy consumption in Christchurch. This is explored in Chapter Five.

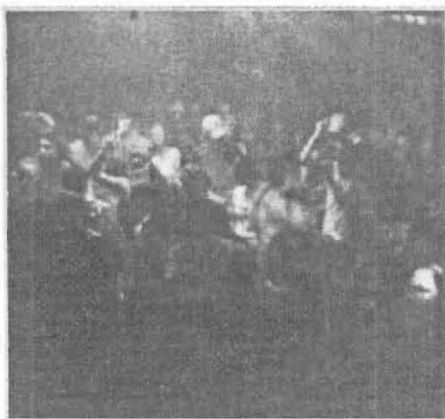
⁷⁸ However, the at home and dance party users differ in regards to the ways in which they understand and frame their ecstasy consumption. See Chapter Five for examples of this in relation to ideas of “special” tolerance and dependency.

electronic sounds quickly spread and became a prominent leisure activity for thousands of young adults throughout New Zealand today (Ahmed, 2001).

In Christchurch, dance parties take place in nightclub settings (indoor dance parties) or outdoors (outdoor dance parties) and participation involves dancing and listening to loud music. There are several outdoor dance parties per year in the South Island that take place outside of the main cities over the duration of one to two days. Tickets for these events usually cost between \$100-200 for the whole event. These events include a variety of dance music genres that are spread geographically over the festival site.



These two pictures are from the photo gallery on *Destinations* <http://www.danceonarock.com> website. Located at cave stream, *Destination* is an example of one of the several outdoor dance events that occurred within the South Island during the period of this research.



Indoor dance parties can run from 11pm until eight in the morning. Different nightclubs have different nights on which they have DJ's playing particular electronic music genres.⁷⁹ The nightclubs that play different electronic music are located in close geographical proximity to each other, encompassing parts of Bedford Row and Colombo, Manchester, and Lichfield Streets.

Source: www.worldDJ.com

⁷⁹ The complexities of dance parties in terms of genre fragmentation was suggested in Chapter Three, the main genres played at Christchurch clubs are drum 'n' bass, hip-hop, house and hard house.



Source: www.worldDJ.com



These spaces are identifiable to most young adults (dance goers and non-dance goers) participating in Christchurch's nightlife as clubs that play electronic dance music as opposed to popular chart music. The venues that play popular chart music are differentiated from the dance scene by their location on the "strip" (Oxford terrace) and Manchester Street.

Indoor dance party venues can hold anywhere from 250-1000 people and host both local and international DJ acts.⁸⁰ The three pictures on this page and page 66 illustrate the concentration of people possible in the different indoor dance parties in Christchurch. The pictures also portray the atmosphere of indoor dance parties which is facilitated through a series of interactions between objects and humans, including turntables, records, lighting, dancing bodies,

congested space and so forth (these interactions are discussed below). There is usually a cover charge to attend indoor dance events, which attendees buy prior to the event or at the door entrance. The entrance costs vary between local and international acts with tickets ranging from \$5-50 per event.

Dance culture comprises a large number of musical genres, including drum 'n' bass; ambient/atmospheric; dance hall breaks; breakbeat; hip-hop; house; techno; two-step; trance; (...and the list goes on). Generally, drum 'n' bass and hip-hop are the genres most popular to Christchurch indoor dance goers, although, house and hard house are also popular (personal communication). Gilbert and Pearson (1999) describe drum 'n' bass as located at,

a number of intersections between hardcore, hip hop and reggae. 'Ragga' or 'jungle' techno were among the names given to forms of hardcore/breakbeat to which its creators added elements from Jamaican dancehall and reggae musics. The tempos which had been obtained by breakbeat had reached twice the speed of reggae forms, and so allowed the addition of dub derived bass-lines, reggae samples and toasting

⁸⁰ These venues are often over filled. This meant that venues were often overheated and congested. Most were well organised with security and door people to overlook ticket taking and monitoring of inflow (see Chapter Six).

(which had already been present in the form of the rave MC). By the time jungle had emerged as a label, the music was already mutating, stripped-down to an intense, frenetically percussive soundscapes deploying little more than multiply-fissured breakbeats and the intense sub-bass (Gilbert & Pearson, 1999: 79).

Simplistically, drum 'n' bass can be defined as a combination of techno, hip-house and old breakbeat records and the first original form of British dance music. Many of the participants in this study who favoured drum 'n' bass scenes also attended hip-hop genre events. Hip-hop encompasses four elements: graffiti, breakdancing, DJ'ing and MC'ing (or rapping). Some events in Christchurch have showcased DJs from the two genres of drum 'n' bass and hip-hop within the same night and venue. House was the term which originally referred to the house records from Chicago that utilised the sounds produced by certain a bass-line machine called the TB-303. This machine is considered the only instrument that can make 'authentic' acid sounds (Shiparo, 2000: 216-220). As Gilbert and Pearson describe "The house music which grew there [Chicago]...was a minimal four-to-the-floor music, reminiscent of disco, but stripped down to its bare essentials, raw and machine driven" (Gilbert & Pearson, 1999: 73).⁸¹

These different musical genres are each associated with different philosophies, styles, tastes, and different genre dance events bring in different crowds, different drugs and a variety of reasons for using these drugs.⁸² According to Torque,

...different types of music brings different people. Everyone, from business executives right through to unemployed people go to dance parties. House is typically your more mature crowd, your older crowd. Hard house and trance are usually slightly younger, you still have a few older people like people who might work in offices and don't know much about that kind of music and go to them because they are big dance parties. Whereas drum 'n' bass people go because they actually like drum 'n' bass. That is why they go to it. They are not just going for the party sort of thing.

Additionally, some key informants explained that drug consumption varies between electronic music genres:

I guess it is the DJs that are playing as well, they bring in different crowds and those different crowds are prone to different things. Like maybe a big drum 'n' bass gig will have more people off their head, whereas a light very 'housey' or 'trancy' gig...I don't know...just different people are into different things (Jake).

⁸¹ This thesis makes reference to various genres and these short definitions are by no means intended to be a total account of all the genres and sub-genres that make up dance music in general. For a more expanded account see Shapiro (2000: 216-220).

⁸² The differences between the philosophies, styles and tastes embedded within different dance genres is not discussed explicitly in this thesis, although it is a area well worth researching in New Zealand. Due to the restrictions of time and space, this thesis focuses on differences between drug consumption at different events.

Yeah [drug use is] definitely different between genres. I wouldn't know much about the hard house style and trance. I imagine there are a lot more people taking 'E's' at those gigs rather than at drum 'n' bass gigs... At a guess, it depends on the gig. If there were an international gig, there would be a lot more people taking ecstasy compared to gigs that are on every weekend and stuff. At drum 'n' bass and hip-hop there is a lot more weed smoking going on than there is at other ones. People still take pills at drum 'n' bass gigs and stuff, but it's not quite as obvious, like they don't jump round with little singlet tops on and glow sticks and stuff (Torque).

Most key informants argued that a 'type' of ecstasy user could not be defined by particular homogenous characteristics. According to Kevin:

There are heaps of different people. There are the people that are around a lot, like I was saying before, who have the opportunity to have it all the time. You have a group of people that go out and take it to be trendy...then there is that group of people that have it to get the 'loved-up' feeling and then you get your weekend users on the West Coast – the bogans' on the West Coast that use it. Ah, there are just heaps of people that use it (Kevin).

The most fruitful way of describing ecstasy consumers is to locate them within their different entertainment scenes rather than by their personal characteristics. However, as I have explained this is also a difficult task when dance scenes are in a constant state of transition, fragmentation and fluctuation. This chapter uses the term dance parties in a generalised sense to encompass all those who attend events at Christchurch nightclubs and dance to music facilitated by a DJ, records and turntables. When I am discussing dance parties more specifically in relation to genre, I will use 'scenes' as this is a term the key informants often employed to explain, "what people are in to". For instance, most of the key informants were heavily involved in, or participated within, the drum 'n' bass or hip hop 'scene' rather than house or hard house 'scenes'. They are involved in these scenes rather than others because that is the style, taste, music, dancing that they "are in to" (Helen).

The Four Benefits of Ecstatic Pleasure

Just like the *happiest* you could be, pretty much, like a really *euphoric* sort of state. I don't know, I have it and I just feel mega *confident* and feel like *talking* to everyone and just feel like *dancing* and everything you look at *looks wicked*. You can *empathise* with everyone and end up talking a whole lot of shit and stuff (Torque).

Participants in this study were asked the open-ended questions "why do you take ecstasy?" and "how does ecstasy make you feel?" As Torque suggests in relation to the comment above, this usually led to a discussion of the benefits of consuming ecstasy for different people. The findings from all the sources – questionnaires, participant observation, interviews – pointed to four broad benefits, increased sensory awareness, decreased inhibitions, increased sociability

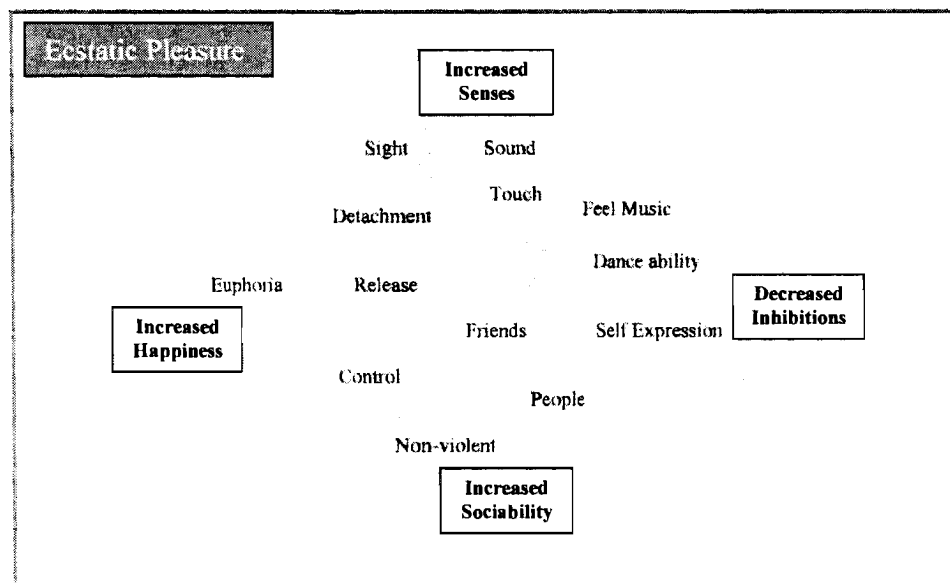
and increased happiness. Torque's quote illustrates these four benefits using words such as *happiest, euphoric, confident, talking, dancing, looks wicked, empathise*. Torque's response exemplify that the broad benefits identified by users in this study.

Medical researchers explain these benefits in relation to the ways in which MDMA influences the neurotransmitters in the brain. Once MDMA is swallowed and digested in the user's stomach, it enters the blood stream. The blood then carries the substance around the body to the brain where it disrupts the regular release of serotonin and dopamine. Both these neurotransmitters alter moods to suit a specific situation. For instance, serotonin is released in situations where a happy mood is the appropriate response or dopamine for situations that require pain to be suppressed:

...serotonin is released naturally to create the mood for situations such as being in love, and dopamine is released to suppress pain in situations where we are hurt but have to carry on, as in sport. The effect of ecstasy is to force our brain to change mood by altering the flow of internal information (Saunders, 1997: 45).

This flow of internal information, as Torque indicates, increases users' potential relaxation, happiness, decreased self-consciousness and warmth towards others. It also increases awareness of touch and sound.

The key informants consumed ecstasy in pursuit of one or all of these pleasures and the diagram below depicts participants' positive experiences of ecstasy. Further, my diagram demonstrates how these experiences might interrelate to produce the four benefits of ecstasy.



However, the diagram also shows how some positives expressed by users do not overlap illuminating that users' positive experiences of ecstasy are often very different.⁸³ Kevin explains:

See that is another thing, you have different people liking different things. [For example] ****likes to sit there really wasted...others like for its speedy quality...That is just it; ecstasy means and does different things for different people (Kevin).

These four benefits are all included under the umbrella I have labelled 'ecstatic pleasure' and I will now discuss them in further detail.⁸⁴

One ecstatic pleasure expressed by the participants is the loss of certain inhibitions. Ecstasy allows usual barriers to be broken in relation to social interaction and dancing. Participants described how their experiences of ecstasy have helped them meet new people, talk to their friends, and generally empathise with others. Users explained how they can dance 'freely' and 'feel' the music without worrying about others around them. For example, some of those who completed the questionnaires wrote that they consume ecstasy for "fun and [to] meet new people", "breaks down barriers when interacting with other people", "[to]make me feel confident when dancing".

Increased confidence and enjoying particular environments is another advantage users associated with loss of inhibitions. This was an important benefit for all the key informants. For example, Kevin says that:

You feel quite good within your environment, I think. You feel good whether you are sitting around reading a book on a chair in the sun or out in the middle of the dance club dancing your tits off...You have a good feeling of confidence, really confident, you have no inhibitions and I am just happy to be with who I am with where I am.

Although both at home and dance party users may experience a loss of certain inhibitions, on closer inspection it facilitates different pleasures in each setting. When consuming with friends at social gatherings, or at home, users often described how ecstasy allows for better communication and empathy towards others. Dance goers were more likely to describe how ecstasy helps them move their bodies and hear the music better. When considering that dance parties involve loud music and take place in often congested environments, interpersonal communication with others may seem rather impossible. Instead of delving into in-depth

⁸³ The rationale for exploring the heterogeneous practices and perceptions of ecstasy was outlined in Chapter Three. The ways in which users perceptions and practices differ is discussed in Chapter Five.

⁸⁴ I coined the term 'ecstatic pleasure' to encompass all the benefits of ecstasy described by the participants. It was not a term, however, that the participants utilised frequently. I have justified this by understanding that there are differences between the users perceptions of these benefits but for analytical purposes I coined this term in order to talk of the multiple benefits using one term.

conversations, some dance goers describe how the interaction between ecstasy and dance parties might accentuate the feeling of being part of a “crew” who are all enjoying dancing and the music together:

I guess there is always that feeling of belonging, I think for a lot of people, but it is almost like a psychological advantage to be on it because you become part of a crew that are on it (Kevin).

Brooke expands on this point and explains that for some people dance parties are about being amongst a large group of people that are enjoying the same music, dancing and drugs. Ecstasy, for her, highlights this by aiding users (with the loss of certain inhibitions) to bond with large groups of individuals:

You are more accepting of things and situations that you might not usually be so accepting of. But as it relates to dance parties, it's that whole, that clubbing environment. You don't go along to stand around by yourself in a corner and be by yourself and go, “Yeah” to the music. You go to be amongst a whole bunch of people, who may or may not be by themselves, but are altogether listening to the music and going, “Yeah”. So, I think it is a ‘bonding cohesiveness’ (Brooke).

In discussing the benefits relating to the loss of certain inhibitions, the key informants described experiences of a “breaking of barriers” to connections with other people and with music.

Ecstasy seems to offer some of these young adults experiences with an increased sociality that may contrast to their everyday lives. Users explained that they could express themselves easier within social interaction and dancing. Kevin portrayed increased sociality by comparing his accounts of the ‘pub scene’ and the ‘dance scene’. He defines the ‘pub scene’ as time when going out was all about “live music, live bands and drinking beer and smoking pot and getting fucked up with your mates...” However, “It was a really impersonal scene, in that you had your mates and you all stood round and no one even thought of dancing”. Although this scene may still be around today, Kevin emphasises the idea that a shift has occurred away from this impersonal scene to electronic music parties that revolve around dancing, self-expression and feeling the music. Further, because people feel that they can communicate with others more freely when consuming ecstasy, Kevin argues that they can become more of a ‘social person’ in general:

That is where the whole thing of ‘dance parties and drugs goes together’ comes from...like to me, there is nothing better than standing there feeling like a million bucks and listening to music that sounds like a million bucks. They totally go together I think. Everyone is up dancing - lawyers, garbage disposal men, whatever, they are up there doing what they want to do and with no inhibitions whatsoever. That is what is good about it and I think that is the difference with ecstasy as well because of it people can

completely change their living habits. It has changed them into very social people that are out all the time and having a wicked time. I am not saying that it is all because of the ecstasy, but it is from the experiences they have had on ecstasy; the people they have met. They may have only had 'E' twice but it has got them into that scene and that is a positive thing in a lot of ways.

Terrance suggests two benefits of decreased inhibitions and increased sociability. First, he feels like he can dance without feeling inhibited and second, it opens the space for a non-violent/agitated role. Ecstasy, he argues, is central to dance parties in that it facilitates a certain type of social role:

[You] lose the feeling that everyone is looking at you when you are dancing. You can quite easily rock on the dance floor and not worry. Not giving a fuck about stuff like that [and] not getting annoyed with all the other dickheads in the club...[This is important to dance parties] Because dance culture, when it began, a lot of it revolved around the fact that people are all dancing and they weren't pissed and they weren't violent or agro. Everyone was just keeping to themselves and anyone could go...In my whole time of going to dance parties, I have never seen anyone having a fight.

From Terrance's quote, it also becomes clear that loss of inhibitions allows some young adults to worry less about traditional roles that may command them to behave in a certain way. Samantha illustrates this point by arguing that she benefits from consuming ecstasy because it potentialises the loss of certain inhibitions and facilitates a release from a controlled/ordered/structured to a relaxed/de-stressed sensibility:

I think it was the feeling of completely losing control, which I know sounds really bizarre, but I am kind of a really controlled person. Everything in my life has to be ordered so I know what I am doing at what time. So you kind of feel like de-stressed; you lose control and everything is fine and great and everybody else is fine. Everybody else is fine, everybody else is great and you just have a relaxed cool time without having to stress about it.

Many participants explained that their senses - sight, touch, sound – were 'highlighted' by ecstasy. Mick describes that light becomes "flashy" and motion is faster, which he argues happens because "your pupils open up and let more light in. You know, when you see people and their pupils are huge it's because they are looking around and seeing flashes". Those who consumed ecstasy at dance parties illustrated the pleasures of heightened sound and touch. Nancy and Josie tell how music "feels better" because their senses are heightened:

Well I take it mainly at dance parties. I don't know, like my senses...and for me, I love to dance and go out dancing and it just, I don't know, you can hear the music, feel the music better and I just go off in my own world (Nancy).

You go to a dance party and all your senses are like heightened so it makes the experience really cool (Josie).

The heightening of senses and loss of inhibitions let participants hear and move to the music in beneficial ways. Jake depicts this advantage by comparing the consumption of ecstasy to the consumption of alcohol at dance parties:

It totally enhances the experience. Alcohol makes it worse because it just dulls all your senses and you don't appreciate it at all. Whereas, with ecstasy, you can really hear the music and it is just wonderful. They really go together like beer and rugby.

Most users describe that one or all of the benefits mentioned above can lead to a general sense of happiness and well-being. Users attribute increased happiness to the ways in which they feel like they lose a certain amount of control (become uninhibited, sociable with enhanced senses) while maintaining a certain degree of self-regulation over these experiences. As stated above, Samantha tells that ecstasy allows her to experience a different and more social role. However, this experience, she argues, does not make her completely 'out of control':

It makes me feel uninhibited. There are just no worries, if you get my drift. You just lose control and go with it...which is why...I would not say I am addicted to the drug but I am addicted to the lifestyle...just to the whole scene. Everybody feels happy and it is just great. Nothing is a problem. It is just that feeling of not being in control...I still, most of the time, feel in control. Like I knew what I was doing and I knew if I had got myself into a situation because I still had rational thought going through my mind, like you don't do this or you don't do that.

This benefit was emphasised by those users who had experienced an array of drugs before they began consuming ecstasy. These users often characterise ecstasy as a 'user friendly' drug in comparison to LSD and other hallucinogens:

In general, it isn't as bigger a scope as your hallucinogens. Certainly, with mushrooms there is such a large scope for how far out of it you can get or how wrong you can get the mix. It is not really in your control as much as ecstasy (Kevin).

[I have tried] Lots of natural stuff like mushrooms and datura and they were basically shit compared to ecstasy. [They are] not fun at all and I haven't tried any of that stuff since I have tried ecstasy (Terrance).

Happiness was often illustrated by users' comparisons between ecstasy and alcohol. For example, Torque explains that he experiences a better feeling of happiness on ecstasy than alcohol:

It is kind of like a better form of feeling drunk, you know, like when you are drunk you feel real good but you kind of feel slurry and everything is blurring out a bit. It's kind of like a cleaner more intense happier feeling than being drunk.

Lastly, Terrance dramatically portrays the extent of personal control consumers have in his account of individuals who exaggerate the 'happy' effects of ecstasy by hugging strangers:

I don't do anything I am not supposed to...I don't think, 'losing inhibitions' is a good way of saying anything. You don't walk everywhere and hug people... [That] is just an easy way out for a lot of people. I don't particularly like that part of it. You might do it to someone you know but you would never do it to someone you didn't know. You don't lose your inhibitions that much. I might give a friend a hug that I don't normally hug but I don't walk up to someone [I don't know]...it is a cop out!

Terrance's comment not only points to ideas that users do have to maintain some sort of personal control over their actions while experiencing ecstasy but it also reinforces Kevin's reflections on the way ecstasy means and does different things to different people. For some users, bonding with strangers may be a part of what ecstasy enables and for others that may be less important.⁸⁵

I have described how the four benefits of decreased inhibitions, increased sociability, intensification of happiness and the increased sensory awareness make up what I have coined 'ecstatic pleasure'. In saying this, I am arguing that the participants in this study consume ecstasy in pursuit of four different pleasures. These pleasures need to be analysed. Gilbert and Pearson, along with other dance culture theorists, have attempted to make sense of ecstasy in a similar manner. Employing the concept of *Jouissance*, they argue that the ecstasy/dance music experience is organised around a certain kind of ecstasy. The different kinds of ecstatic experiences they explore are physical and emotional pleasure, immersion in a communal moment and experience of music's sensuality. The implications of these ecstatic pleasures are that consumers experience a sense of temporary 'freedom' from their conforming identity:

We might say that *Jouissance* is what is experienced at the moment when discourses shaping our identity are interrupted and displaced such that that identity is challenged, opened up to the possibility of change, to the noise at the borders of its articulation (Gilbert & Pearson, 1999: 65).

The process of *Jouissance* could be exemplified in the research material above, in the way in which ecstatic pleasures facilitate experiences that disrupt the key informants' everyday roles. Terrance finds that he can express himself in dance better and enjoys participating in a non-violent setting. This could be seen as an exemplification of disruptions to his traditional 'masculine' role that possibly suggest that dancing perhaps is as feminine practice.

Other theorists have utilised a series of metaphors to explore the displacement of identity generated through the drug/dance combination. For instance, Hakim Bey's 'Temporary Autonomous Zone' (TAZ) is utilised by theorists to explain how ravers set up their own

⁸⁵ The importance of some pleasures may change over time and differ between settings, friendship units and location. The pleasures and practices of ecstasy are in a continual state of flux and Chapter 5 explores the fluidity of ecstasy in more detail.

“private utopias” which are “anarchist liberated zones” that allow individuals to experience a temporary disengagement with traditional constraints (Bey, 2004). Jordan (1995) employs Deleuze and Gattari’s trope of ‘Body without Organs’ (BWO) to explore the ‘freedom’ captured within the dance/drug experience (Jordan, 1995). In summary, social theorists have attempted, in different ways, to explain how the ecstasy/dance music experience transforms the everyday self into a freer, less regulated state of being (Pini, 2001: 174-5).⁸⁶

However, as Pini argues, these theories are over-simplistic in that there is never a space or time where we are totally unregulated:

Somehow, the use of drugs, the effects of music, the practice of communal dance and the collective nature of rave events are seen to dissolve this exterior, leaving participants in a somehow more ‘natural’ state...[and] While I clearly do not deny the very genuine senses of ‘freedom’ which can be involved in raving, nor the feeling which the raver can experience of having lost ‘coherence’, ‘rationality’ or ‘sanity’, I also believe that a more coherent interrogation of the precise nature of this perceived freedom is overdue (Pini, 2001: 175-6).

What Pini is suggesting is that there are practices that go into producing ecstatic states of ‘freedom’: “Selves are ‘done as much as they are ‘undone’ within rave. Ravers can very clearly be seen to carry out certain operations upon their bodies, souls, thought and being in order to achieve a sought-after state of ecstatic “freedom” (Pini, 2001: 176). Thus, like Pini’s “ravers”, the participants in this study employ specific knowledge and practices in the pursuit of experiencing ecstatic states that in some ways may facilitate pleasures associated with “freedom” from traditional identities.⁸⁷

Ecstatic pleasures are not ‘already there’ as a direct consequence of the drug’s pharmacology or the dance environment. Instead, as the next section exemplifies, the pleasurable effects of ecstasy are an effect of the skilful construction of a heterogeneous network of practices. The key informants demonstrated several skilled practices and knowledge which they utilised to (partially) potentialise the state of ecstatic pleasure. These practices and knowledge involve the users ‘making’ the chemical effect while simultaneously ‘letting’ the ecstatic pleasure take over (Gomart & Hennion, 1999: 236). Thus, successful production of ecstatic pleasures relies partially on the simultaneous interaction between the chemicals and skilful use of objects, settings and timing by users. The following sections describe the series of practices and knowledge that go into the production of ecstatic pleasure.

⁸⁶ This section does not intend to be a comprehensive review of all the different theories on the pleasures of the combination of dancing and ecstasy consumption. Rather, it only intends to highlight, like Pini, the lack of empirical investigation into what practices go into producing ecstatic pleasures that may generate feelings of “freedom” or “liberation”.

⁸⁷ See Chapter Three for more detailed discussion of Pini’s research and the relationship between her qualitative findings and this thesis.

The Stages of Ecstasy – ‘Coming On’, ‘Plateau’ and ‘Coming Down’

Ecstatic pleasures span over time; they do not occur all at once. Research illustrates how users explain their experiences of ecstasy in three main phases – ‘coming on’, ‘plateau phase’, and ‘coming down’. Beck and Rosenbaum (1994) argue that the ‘coming on’ stage becomes apparent twenty to sixty minutes after oral ingestion and can be defined as the “sudden and intense onset of the high experience by many users...commonly referred to as the “rush” (Beck & Rosenbaum, 1994: 63). The participants in this study described their accounts of the ‘coming on’ stage in relation to first time experiences of ecstasy. Brooke explains:

I remember just getting really feverish really fast, not being able to breathe...I bent over and tried to be sick but I couldn't. Basically, it was that rush of my first ‘E’. My poor boyfriend was really fucken worried about me. I was freaking out thinking I am dying, but at the same time I was feeling really good. It lasted about ten minutes and then I was fine...it was fucken great, I loved it!

The ‘rush’ can be described by some as unpleasant leading to mild nausea and anxiety:

I have had a few of those times where it has hit me really strong and I have felt queasy. A lot of people throw up on pills when it is that initial rush hitting you...It never really lasts more than about quarter of an hour, I think, and after that you just get back into it (Kevin).

While some users saw ‘coming on’ as a short stage in the experience of ecstasy, other participants described this stage the main reason for their consumption. Mick stated that he had no troubles with the “coming on” stage and argued, “That is the whole reason why I take it. That is the best part of it”. Some users may not have positive experiences of certain phases of ecstasy consumption. Contrastingly, others might argue that the pleasures of that particular stage are the main reason for their consuming ecstasy.

The ‘plateau phase’ is the longest period experienced by those consuming ecstasy. After the initial onset of the ‘rush’, users commonly refer to a period where feelings become smoother (Beck & Rosenbaum, 1994: 66). Often users refer to the transition to the plateau stage as a type of ‘release’ in that they begin to relax and lose any of the anxieties experienced in the ‘rush’ period:

I mean it is sometimes rough to start off with, like it can make you feel quite sick, but generally after that goes you are into it (Kevin).

Sometimes there is a wee bit of ‘whoa’ and sometimes I might have to sit down on the couch for about half and hour until that whole kind of rush died down and then you’re just on a high and could dance around and stuff (Samantha).

This stage usually lasts for two to three hours before the “coming down” stage sets in. The “coming down” stage is not so pleasant. Most users describe this stage as uncomfortable:

I guess I could say in my comedown I get a bit anxiety like and I get this worried feeling but I get that when I am not on it. Sometimes, for no reason inside of me, nothing has triggered it, but I get this worried feeling come over me. And I get hat sometimes with comedowns, you know, just anxiety and it is like, ‘How do I fix this?’ All I can do is get into a bed and snuggle up and that fixes it. But that is about it, I think, it is just the anxiety (Nancy).

However, most of the key informants argued that the come down from ecstasy was mild compared to other drugs, such as an alcohol hangover. Other research demonstrates users’ descriptions of their come down as tired, lethargic, spaced out, irritable, emotional, and depressed (Solowij, Hall, & Lee, 1992: 1168).⁸⁸

Knowledge of these stages is integral to users’ successful production of ecstatic pleasure. As Hansen *et al.* (2001) explain, user’s experiences of ecstasy are constituted by practices that surround the drug,

The phases involved specific rituals that culminated in the actual use event. Each served to heighten user anticipation and expectations, which combined to create the overall ecstasy experience. These rituals included purchasing chubba chubbs/lollipops [chupa chups] (to reduce the effects of gum chewing), mints, menthol drops or nasal sprays (to heighten the experience) and marijuana (for the come down), organising music (specific to each stage), co-ordinating consumption and monitoring the group’s progress (Hansen, Maycock, & Lower, 2000:194).

Users in this study tend to organise their practices around the three stages of ecstatic pleasure. They utilise specific practices and knowledges to make and let the different stages of ecstatic pleasure occur. I will now discuss the different practices in relation to these stages of ecstatic pleasure.

⁸⁸ Participants negative experiences associated with the come down of ecstasy are explored in further detail in Chapter Five and Six.

Administering Ecstasy – Modes and Dosage



Ecstasy is bought mainly in two modes, either as pill/tablet or as capsules. As this picture suggests, tablets come in different sizes, shapes, colours, and can be branded with many different designs. Capsules are made of gelatine and contain a powdered form of ecstasy. They also come in different colours and sizes. Practices in relation to administration often depended on which of these modes the key informants were consuming.⁸⁹

Source: www.Hambleton.gov.uk

Capsules can be easily pulled apart and the contents emptied (see picture right). Thus, many key informants would snort the capsule form of ecstasy. Ecstasy pills can also be crushed up and snorted but this practice seemed to occur less often. To snort ecstasy, users firstly crush ecstasy into a fine powder and assemble the contents into 'lines'. Users then roll some sort of flimsy paper



Source: www.teenchallenge.com

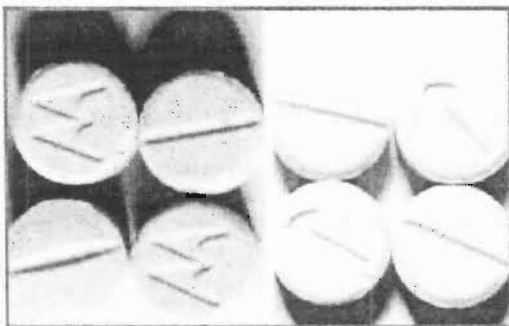
(usually a twenty dollar note) into a tube and proceed to snort the powder up one of their nostrils. There are specific skills that take place in the process of snorting that users argue ensures that the powder descends through the nasal passages successfully. For example, users can close the left hand nostril with a finger while snorting powder up the right hand nostril to optimise powder intake and prevent the users exhaling over the powder. Alternatively, some might press against and stretch their sinuses in order to let the powder flow down their nasal passages. To know they have successfully snorted the powder, users talked about feeling a "trickle of liquid" down the back of their throat (personal communication). One of the participants in Hansen *et al's* study exemplifies this knowledge, stating that she likes "the gross taste in the back of your throat because you know that you're going to get high in a minute" (Hansen *et al.*, 2000: 193-4).

⁸⁹ Often users have theories on how the design of different pills can differentiate between the purity of the ecstasy. Likewise to pill forms, users often linked the powered of ecstasy to decreased or increased purity. Chapter Five explores users' perceptions of variations between pills.

The vast amount of knowledge that goes into the practice of snorting suggests that users who are more experienced with ecstasy and other drugs progress on to snorting. Hansen's participants "indicated that as they became more experienced users they progressed to snorting. This was never to the exclusion of swallowing and, for the majority, swallowing remained the preferred mode of administration (Hansen et al., 2000: 193). From my observations and informal conversations this seems to be the case. Further, although ingestion was the favoured mode of use for initial and prolonged ecstasy consumption, the more experienced key informants tended to snort ecstasy. This practice of snorting ecstasy could also be influenced by the co-use of ecstasy with amphetamine, which is also most commonly administered in this mode."⁹⁰

As mentioned above, ecstasy pills are commonly ingested by the participants in this study. Tablets were either taken in 'wholes' (one at a time) or in 'halves' (half a tablet at a time). Most of the informants suggested that they took one ecstasy tablet per night/event. The maximum number of tablets they reported consuming per event was two tablets. The least ecstasy any of the key informants reported taking was a quarter of a pill. Users who wanted a mild and shorter lasting experience of ecstasy sometimes consumed lighter dosages (personal communication). Dosage and frequency of ecstasy use was largely influenced by events, time of year, age, location, price, availability, friends and commitments.⁹¹

Source: www.teenchallenge.com



Most of the key informants took their pills in halves with an interval in between each half or simply only had one-half and shared the rest of the pill with their friend. Most of those taking a whole pill would simply swallow their pill with some sort of liquid. Users break pills into halves with their fingers and "good ones break straight into halves" (Mick). The image above

⁹⁰ The practice of snorting was also popular to some of the key informants because it is a effective way of sharing ecstasy amongst friends. This was also a cost-effective practice considering the high prices of ecstasy in Christchurch. See Chapter Five for a discussion of the price, availability and access to ecstasy in Christchurch.

⁹¹ See Chapter Five for expansion on this point when I illustrate the fluidity of ecstasy consumption in relation to these factors.

demonstrates the lines that are embossed across the back of some tablets. This allows for the pills to be easily broken into halves.⁹²



However, the key informants explained that many ecstasy tablets do not have these engraved lines and, as Mick suggests, they are the “crap ones [that] just fall to bits” when users try to break them into halves. To break these types of pills in half successfully, users sometimes utilise a pill-cutting device. The diagram from www.healthaccessories.com exemplifies how a pill-cutting device might work. As it suggests, the tablet is put into the device and the lid, which on the inside holds a blade, is pushed down to effectively cut the pill in half.

The key informants suggested that these different modes - snorting or swallowing - potentialise the stages of ecstasy differently. The practice of snorting, for instance, brings the ‘coming on’ stage quicker and stronger than if the users swallowed a tablet. Further, the length of the ‘plateau’ stage might not last as long if the user snorts powder instead of ingesting the pill. As Mick explains,

With snorting, you get the hit straight away and it only lasts for twenty minutes, it is quite full on. A pill would take, to digest it, the time it would take for it to come on, depending on whether you have eaten or not eaten, can take up to $\frac{3}{4}$ of an hour and that would last longer.

Mick’s comment was similar to those of participants in other projects who also reported that ecstasy had a quicker but shorter affect if it was snorted (Solowij et al., 1992: 1165). To summarise, most of the participants in this study took ecstasy in pill or tablet form and swallowed them. Usually only one tablet was consumed at an event, but some users took half a pill and at times occasionally two pills. This illustrates how users knowledge of the different ways of administering ecstasy can help make and let ecstatic pleasures occur.

⁹² Hammersley *et al.* suggest that ‘heavier stable’ users consume ecstasy tablets in wholes while ‘lighter erratic’ users consume their tablets in halves (Hammersley et al., 2002). The small scale of this research meant that general trends such as these were not generated. All the participants in this study varied in their administration practices with both heavy and moderate users consuming either in halves or wholes. The participants suggested that there were other factors such as price, location, friends and so on that affect their consumption practices (see Chapter Five).

Organising Pleasure – Setting, Friends and Frame of Mind

The timing of administration and dosage of ecstasy had a lot to do with what the key informants were doing; who they were with and what pleasures they sought. This meant that key informants would often organise the timing of their administration around the setting in which they were consuming, their friends and their own frame of mind. In this way, the users make ecstasy work for them by letting ecstatic pleasures potentialise at particular times and places. At the same time users stated that friends, space and place were important factors that help shape the production of ecstatic pleasure. The following discusses the different factors that the participants in this study take into account to successfully produce ecstatic pleasure.

The key informants used their knowledge of the different stages and modes of ecstasy to organise the onset of ecstatic pleasure around the setting in which they were using. Dance goers specifically organise their administration of ecstasy so that the onset of ecstatic pleasure is coordinated with the DJ. As Torque illustrates,

The only strategy I have (because I am aware of how long they last for) is if the guy I am going to see isn't playing until two or three I won't have it until about one or maybe even after that (it takes about half an hour to come on) so that it comes on just before they are playing and it should last most of their set. Then sort of when they are finishing it should be wearing off as well...so I sort of have a strategy like that.

Mick organises his administration of ecstasy around his plans for the night:

Depending on what I am doing that night. Like how early I would take it and how many I would have and what stages I would have it...if I were just going to a party it would be a half earlier on and a half later on. And if you are going to town, probably start with a whole and something like that.

Jake strategises his consumption around what his friends are doing and what he is doing:

It is dependent on others and it depends on what I am doing. There is definitely a strategy to it. For a party is solely dependent on others because you all sort of roughly want to be at the same stage. If your in a club...you would time your high because you didn't want to be – because you would sometimes have to wait in the queue for an hour – and you didn't want to be peaking in the queue and you didn't want to get in there and drop too late...it was good if you timed it right but if you didn't sometimes – it can make of break your night.

Friendship networks were important in the network building of ecstatic pleasure. The organisation of administration often depended partially on “who” the key informant was with:

...it depends on who you are with. Some people like to have them [ecstasy] all at the same time and some people totally don't have them at the same time and like to be more individual[ised] about it (Josie).

The key informants argued that being with the right people when consuming ecstasy was important for the successful potentialisation of ecstatic pleasure:

I normally found that it [good time] depended on who I was taking it with. Like if you were with a group of people that weren't into it or were not having a good time then you wouldn't have a good time either. Whereas if you are having it with a group of people where it doesn't matter where you are they can make a good time out of it [you would have a good time] (Samantha).

I think it depends on the people that you are around...because I have been with a few people that were going on a couple day benders and I met up with them on the last night and we had a pill and I was like, 'Whoa', and everyone was just sitting there. It all kind of flopped from there and I ended up going home. It all depends on who you hang around and your surroundings (Nancy).

Some of the key informants argued that consuming ecstasy with the right people was the most important factor in potentialising ecstatic pleasure. Kevin illustrated this in his interview when he described that where he consumed was mostly determined by, "what company you have got...I have had really good times sitting around doing absolutely nothing. Generally, for me, it depends on whom I am with and not necessarily what we are doing". Brooke illustrates the importance of friends in the potentialisation of ecstasy in relation to the lack of certain ecstatic pleasures when she first tried ecstasy,

I didn't feel particularly loving towards anybody. I didn't have whole 'E' experience because I wasn't with a whole lot of mates. The bunch of mates I was with were all working. We were all working in different areas and running different things. So, I didn't really experience any of that big gushy lovely stuff.

In general, all of the key informants suggested that ecstasy is a social drug and being with friends is important.

Users also organised the administration of ecstasy in relation to their knowledge of their own frame of mind. The key informants often used the term 'frame of mind' to refer to the ways in which they understand their individual reactions to ecstasy at a particular time and place. Some of the participants would utilise understandings of their individual frame of mind to adapt their administration to minimise or potentialise their individual reactions to ecstatic pleasure. Samantha illustrates how important her frame of mind is to potentialising ecstatic pleasures:

...sometimes you have completely different reactions to it [ecstasy] depending on how you are feeling and your frame of mind and all that type of stuff...originally we would all drop it at the same time...and then throughout the night everyone would just pace themselves on how they are feeling themselves. So, if you felt like the buzz had gone off already then you'd have more and if you were still peaking you would then think,

‘No worries’ [and] you didn’t have to have it then. Everyone would just see how they are feeling.

Further, Helen expressed how she administers ecstasy to meet her needs rather than consuming ecstasy the same way as her friends:

Well I can take it a wee while before it comes on and I like to have a little half and then another half later. Whereas, they [her friends] will take a whole and go amping in there. I like to take a half, be semi there, see what the atmosphere is, get my surroundings, stuff like that and then take more. So, yeah, I wouldn’t just take it when they were. I would do it on my personal self and do it like that.

Helen’s administration and dosage practices significantly shaped by understandings of her own frame of mind and what ‘works’ for her.

Some of the key informants suggested that a negative frame of mind had the potential to disrupt the successful onset of ecstatic pleasure. For instance, Samantha suggests that if she had had a bad day at work, the pleasurable experience of ecstasy may be decreased. Kevin argued that in some situations, personal problems could interrupt the potentialisation of ecstatic pleasure:

If you have got issues or things on your mind that are taking a lot of your time to think about and they are not good things, then indefinitely you will get back to thinking about them at some stage of the night and it can accentuate them.

However, others argued that ecstatic pleasures lift individuals out of a negative frame of mind:

I think a lot of it [effects of ecstasy] depends on your state of mind. If you are not feeling good before you take it that will rub off on your trip. Then again, I have had ones when I am really knackered and not knowing whether I am going to have a good time on it and then all of a sudden I am on fire again (Torque).

Hammersley *et al.* argue that it is plausible that ecstasy has different effects depending on the existing state of the user,

People who are already “up for it”, feeling good and “ready to party” may have high levels of serotonin in their brains, so when they take Ecstasy it is possible for it to have lots of effect and stimulate them. People who want to chill, relax or mellow out, or are even depressed, may have less serotonin in their brains, so when they take Ecstasy it may have different effects. Perhaps it does not stimulate them, but instead reduces activity as it quickly depletes the limited available serotonin further (Hammersley *et al.*, 2002: 43).

Torque went on to argue that individuals experiencing psychological difficulties such as depression, should be wary of consuming ecstasy because the “if you can’t handle it properly I can see that being a problem”. Shewan *et al.* similarly describe how there was a consensus

among their participants that ecstasy should not be taken by individuals who were experiencing psychological difficulties (Shewan, Dalgarno, & Gerda, 2000). In sum, most of the key informants thought that having the right frame of mind was important for the successful potentialisation of ecstatic pleasure, as Jake suggests, “I think it is better and you enjoy yourself more if you are in the right frame of mind”.

Polydrug or Co-use consumption

Riley *et al.* (2001) argue that it is important to distinguish between polydrug and co-use consumption. General polydrug practices refers the users who consume multiple drugs over a short-term or long-term period. In contrast, co-use practices refer to the purposive mixing of one or more drugs within a short time frame (Riley, James, Gregory, Dingle, & Cadger, 2001: 1037). Boys *et al.* (2001) describe co-use to “characterise the use of two or more psychoactive substances so that their effects are experienced simultaneously” (Riley *et al.*, 2001: 458). The purpose of distinguishing between these two practices is important because of the role co-using of other drugs and ecstasy for the purposes of increasing or decreasing the stages of ecstatic pleasure. As Forsyth suggests,

Depressant drugs, such as opiates and benzodiazepines, were never used at the same time as Ecstasy but were sometimes used afterwards. Stimulants and hallucinogens were seldom used after ecstasy, but were more likely to be used simultaneously. Hallucinogens (e.g LSD) were rarely used before Ecstasy use, but some stimulants were (Forsyth, 1996: 517).

Although Forsyth’s participants combined differing drugs to those in this study, his findings correlate in their exemplification of the ways people practice strategic use of other drugs during particular stages of ecstasy consumption. This requires high levels of knowledge about the effects of the drugs consumed and their interaction. This illustrates how the key informants practice co-use of ecstasy and other drugs to produce ecstatic pleasure in particular ways.

Co-use consumption is an important practice to the ecstasy consumers in this study. All of the key informants consumed other drugs as well as ecstasy and most of the other drugs are used in conjunction with ecstasy. The use of these drugs was reaffirmed by the findings from the questionnaires with 95% (n40) of respondents stating “yes” to consuming other drug while taking ecstasy. The respondents stated that they use alcohol (n35), amphetamine (n21), LSD (n13), cocaine (n14), marijuana (n30), mushrooms (n8), nitrous oxide (n14) and ketamine

(n11).⁹³ This section focuses on the co-use practices that involve the use of ecstasy in conjunction with amphetamine, ketamine, acid/LSD, marijuana, nitrous oxide and various herbal substitute pills. It also discusses the polydrug consumption of alcohol and ecstasy.

The key informants explained that they co-used speed and marijuana with ecstasy to accentuate or prolong the stages of ecstatic pleasure. Amphetamines or “speed”/“go-ey” can be defined as a stimulant to the central nervous system and reported pleasures include wakefulness, increased awareness and greater energy (Hamilton, Kellehear, & Rumbold, 1998: 272). The pleasures of speed co-used with ecstasy seemed to be useful for potentialising ecstatic pleasures. For instance, participants discussed the co-use of amphetamines and ecstasy to prolong the ‘plateau’ stage and inhibit the onset of the ‘coming down’ stage. Samantha co-uses speed and ecstasy to “lift her up” when she feels that the ecstasy pill might be wearing off:

Sometimes there would be speed in conjunction with it as well, just if you wanted that lift up if it was six in the morning and you didn’t want to go home someone would throw you a line of speed.

Marijuana (“pot” or “weed”) was co-used with ecstasy to potentialise the ‘coming on’ stage, to prolong the ‘plateau’ stage and minimise the negatives associated with the ‘coming down’ stage. The key informants suggested that they co-use marijuana and ecstasy to both “pick them up” and help “bring them down” (Solowij et al., 1992: 1169). Torque summarises how ecstasy and marijuana “go together” to help potentialise the coming on of ecstatic pleasure,

...it just seems to highlight it and makes it come on faster. If you have it [ecstasy] and about an hour later you aren’t feeling anything then if you smoke or even have just a couple of puffs it brings the whole pill on.

Further, Torque suggests that having a “smoke” when the ecstatic pleasures seem to be “wearing off” prolongs the plateau stage. As described above, the ‘coming down’ stage is often described by users as anxious and unpleasant experience. To combat these feelings, key informants would often smoke joints or spliffs (marijuana and tobacco joints) to ease out of the ‘buzz’ or ‘plateau’ stage and ‘chill out’ while experiencing ‘coming down’ stage. As Terrance suggests, “I can pretty much tell when it stops – the ‘E’ – I know when the buzz has stopped and that is when I start smoking pot” (Terrance).

The key informants also co-used ecstasy with LSD, ketamine or nitrous to create particular pleasures.⁹⁴ To describe the co-use practices of LSD and ecstasy participants used the term

⁹³ The possible negatives involved with ecstasy as well as these other drugs will be the subject of Chapter Six.

'candy flipping'. This term refers to the practice of taking LSD and ecstasy in consecutive stages (Hansen et al., 2000). However, this practice is considered unpopular because most ecstasy consumers find LSD a 'hard drug' to cope with.⁹⁵

...there is a thing called 'candy flipping', when you take acid first and then you take ecstasy. It gets you pretty warped, you get pretty wasted but it is all right. Most people who take ecstasy take it because it is more popular, they don't usually do acid at all (Mick).

Nitrous oxide ("NOS"), like ketamine, is an anaesthetic, but is sold legally over the counter, for example, in canisters that are used to whip cream. It is inhaled and can produce a dreamy mental state and mild audio/visual hallucinations. These experiences are short lived in that they only last for one minute although repeated dosages can extend or increase the intensity of the experience. Torque described how he combines ecstasy and nitrous within the coming down stage of ecstatic pleasure because the "short-lived" pleasures of Nitrous oxide seem to last longer and be more intense: "Nitrous, generally at the end of the night we will have some nitrous. After a pill that seems to work heaps better as well for some reason". Saunders' review of research showed up similar experiences with users expressing that combining nitrous with ecstasy "is quite enjoyable. A blast of nitrous oxide always feels good, especially if you are already high...It can put an additional peak on your peak" (Saunders, 1997: 216).

Lastly, Ketamine or "special K"/"K" was usually co-used with ecstasy and in mild doses can give a mild dreamy feeling, for instance users often express a floating 'out of body' experiences: "It makes you kind of feel kind of dreamy but still kind of awake and just happy. I guess the closest would be opium, the really dreamy sort of 'out of body' type of experience" (Kevin).

Apart from co-use with illicit substances, the participants in this study also discussed consumption of ecstasy and herbal pills. Throughout various stores in Christchurch, herbal pills can be purchased and are consumed purposively in relation to the three stages of ecstatic

⁹⁴ Lysergic Acid Diethylamide (LSD) or acid is hallucinogenic and is bought absorbed in tiny pieces of paper that are swallowed. Often expressed as a 'trip', users liken their experiences of LSD as a journey to another place. Further, this chapter does not discuss the co-use of cocaine because the use of this drug in association with ecstasy was location specific to London rather than Christchurch. Chapter Five describes the fluidity of co-use practices in relation to price, access, availability and location.

⁹⁵ In the first section of this chapter, I explained how ecstasy is considered a 'user friendly' drug because people find the effects easy to deal with. LSD was often used as a contrast to the 'user friendly' idea because of the greater possibilities for negative experiences.

pleasure.⁹⁶ The three manufacturers of herbal pills in New Zealand, Stargate International, Euphoria International, and Nice Pills offer a range of herbal pills including some act as substitute for the 'club drugs' (speed and ecstasy) or some are used to minimise or enhance the experiences of these illicit drugs. The key informants often talked of the various ecstasy or speed substitute herbal pills that they took in conjunction with ecstasy.⁹⁷



This is an advertisement (left) for the Nice Pills company (Source: www.nicepills.net) who manufactures Nemi a substitute herbal pill that is described as “uplifting”, “fun” and which increases energy. Most popular was the Frenzy product that the Stargate manufacturers argue stimulates users like speed, while being a legal and safer alternative to illicit drugs.

Kevin describes the different substitute pills:

There is Nemesis, which is kind of like an ‘E’ substitute. There are frenzies, which are a speed substitute, and then there is Ecstasy – which is made by the same people as Frenzies – and that is an ‘E’ substitute. Then there are all those ones like The Bomb, which they [the people that make Frenzies] sort of started out with but they were never quite as strong. There are just heaps of different herbal highs.

All of the key informants mentioned these products. Some of them were critical of them while others were advocates of their use. Saunders (1997) suggests that none of

⁹⁶ One example of such stores is the Cosmic Corner, Hunters and Collectors, and Asylum who sell a range of herbal pills. User can purchase herbal pills from Cosmic Corner 24 hours from Thursday to Saturday.

⁹⁷ Interestingly, all these manufacturers associate their products with the concept ‘harm minimisation’ discussed in Chapter Two. They argue the “formula of brainfoles, vitamins, herbs, electrolytes, and 5HTPs represents years of best research into harm minimisation and safety” (www.hempstore.co.nz). The implications of herbal pills are discussed in Chapter Six.

the herbal pills cause serotonin and dopamine release, which are central to the pleasurable effects of ecstasy. Instead, some of the herbal pills help produce similar physical effects such as,

...tingling skin, raised blood pressure, heart rate and sweating, and it is possible that these physical effects remind us of ecstasy and stimulate our brains into releasing neurotransmitters (Saunders, 1997: 222).

These physical effects are similar to what happens in the first stage, coming up, of ecstatic pleasure.⁹⁸

The key informants varied in their co-use of ecstasy and alcohol and this is where Riley *et al.*'s (2001) distinction between polydrug and co-use is helpful. Alcohol was mostly a polydrug practice in that it was not used with ecstasy for any 'mixing' purposes, such as prolonging ecstatic pleasures or decreasing the come down effects. Some of the key informants argued that alcohol counteracted the effects of ecstasy. These findings are similar to Solowij *et al.* study. Alcohol does this by "deadening" the effect of ecstasy and even inducing negative side effects like "vomiting" and memory losses (Solowij *et al.*, 1992: 1168). Most of the key informants suggested that they do not consume alcohol in their co-use practices because it has "no effect" or because they feel they don't need it to increase their ecstatic pleasure.

What I do is have a few drinks at home, you know, have a bottle of wine or something, go to the dance party, take it and from then on I will probably have one drink of alcohol and the rest is water (Nancy).

Nancy's comment reflects those of other key informants in that she suggests that alcohol is mainly consumed prior to the administration of ecstasy rather than during the stages of ecstatic pleasure. Although some of the key informants still drank alcohol throughout the night, it was not a drug deliberately co-used with ecstasy to create particular ecstatic effects.

The use of alcohol in conjunction with ecstasy depended partially on the individual's personal disposition. Samantha explained that her consumption of alcohol is dependent on how she feels throughout the night:

I go on a curve with it [alcohol]. There are points where I can drink and then I will reach a stage when I feel like, 'If I have another sip of alcohol I am going to throw up'.

⁹⁸ Saunders also suggests that some of the herbal ingredients contained in these legal substitutes are not as safe as the manufacturers argue. In fact, he argues that some have contained illegal extracts such as ephedrine and recommend illegal dosage advice (Saunders, 1997: 222). The ingredients and possible negatives are discussed in Chapter Six.

So, there is a period of about three of four hours where I just drink water by the gallon and then I hit another point where I think, 'A drink would be really good right now'.

Further, the choice to consume alcohol was also partially dependent on the social setting in which the key informants were using ecstasy. Some of the key informants suggested that they choose not to use alcohol with ecstasy if they are attending a dance party. In contrast, 'at home' users tended to drink alcohol to be sociable at a party: "If I'm out in a club, I don't usually drink. And I guess I tend to take more ecstasy". If I am at a party, I will generally drink" (Jake). In general, the key informants suggested that if the onset of ecstatic pleasure was successful they would not need to consume alcohol: "It depends on how good the high is as well, if it is a really good high I don't feel the need to drink and I will even switch onto water" (Jake).

Summarising Performed Practices

This chapter has demonstrated some the positive experiences of ecstasy described by the participants in this study. I illustrated that 'ecstatic pleasures' are performed through various techniques, skill, knowledge of objects; organisations of space, time, place, friends; and frame of mind. Firstly, the chapter described the primary aims of consuming ecstasy – the pursuit of 'ecstatic pleasure'. The practices and knowledge that help produce 'ecstatic pleasure' were then exemplified in a discussion of how users administer and organise their pleasure and their practice of polydrug and co-use of ecstasy and other drugs. This illustrated how the potentialisation of ecstatic pleasures involves a series of practices and knowledge that involve users both 'making' and 'letting' ecstatic pleasures occur. In those ways, the chapter provided a snapshot of how a small number of Christchurch users access ecstatic pleasure through specific practices in group settings.

There is an obvious limitation with this analysis in that the practices and perceptions of ecstasy users vary geographically and over time. Additional factors such as choice of settings, friends and individual frame of mind and their influence on practices were considered. But the ways in which practices and knowledge are in a constant state of flux in relation to factors which are also contingent have important implications for ecstasy consumption. Forsyth (1996) discusses this in relation to his research:

Another obvious limitation of this sample lies in patterns of drug use varying geographically and over time. This is especially the case when drug use is associated with the rapidly evolving world of youth fashion as in the rave scene. For example, James (1994) details a changing pattern of drug use in England, where cocaine rather than Temazepam (Scotland) is identified as a potential route of the drug problem. However, such changes over time and places are not only limited to dance drugs.

Despite these obvious limitations several causes for concern arise from this study, which may have implications elsewhere (Forsyth, 1996: 520).

Since drug use varies over time and across special locations, Chapter Five explores how the practices and knowledge utilised by ecstasy users are in a constant state of flux. It explores the changing face of the ecstasy network in relation to the heterogeneous characteristics of ecstasy, individual users, friendship groups, and local and global settings.

The Changing Face of Ecstasy

Fluidity and Disruptions in Ecstatic Pleasure

This study suggested the users' beliefs about drugs and drug user lifestyles can change over time. Although we did not explore the factors that might account for those changes, some of the data appeared to suggest that perceptions about E and E culture can change as users gain more experience with the drug. Future research might focus on a more detailed analyses of factors associated with changing perceptions among users (McElrath, 2001 a: 13-14).

McElrath and McEvoy's quote suggests that users' practices and perceptions of ecstasy can change over time in relation to a number of factors. Similarly, the aim of this chapter is to explore the fluctuating factors that help shape the practices and knowledge utilised by the participants in this study. The theme of fluidity also encompasses some factors that users argued could potentially disrupt the successful construction of ecstatic pleasure. It explores the changing face of the ecstasy network in relation to the heterogeneous characteristics of ecstasy, individual users, friendship groups, and local and global settings.

The fluidity and disruptions in ecstatic pleasure are discussed in five sections. Section One focuses on users' knowledge and practices relating to the purity of ecstasy. It explores the different types of ecstasy and their role in shaping "good" or "bad" experiences. Section Two discusses factors associated with price, access and availability that characterise the localised consumption of ecstasy in Christchurch. The potential for these characteristics to disrupt ecstatic pleasure is then explored. Section Three explores how the "special" characteristics of Christchurch consumption illustrate differences between at home and dance party users. This discussion also addresses participants' concerns with particular users' dependency on, or addiction to, ecstatic pleasures and associated lifestyles. Within this discussion, the participants' conceptualisations of tolerance to ecstatic pleasures are explored. The instability of patterns in consumption in relation to location, entertainment, friends and time is the topic of Section Four. The possible negative experiences associated with too much consumption within one night or over a time-span are also discussed. Section Five describes how the participants' practices and expectations have fluctuated with increases in age, lifestyle and commitments. This chapter concludes with a focus on the importance of mapping the possible implications of the contingent constitution of objects, locations, and people when studying ecstasy consumption.

Purity: “Smacky”, “Speedy”, and “Pure” MDMA Pills

The last chapter suggested that ecstasy pills are distributed in different colours and sizes and are imprinted with different brands.⁹⁹ Overseas, research has suggested that these visible properties distinguish one brand from another (McElrath, 2002: 201). Thus, users can discern between different types of pleasures through consuming a particular brand of ecstasy pill. The figure below illustrates various ways manufacturers have package their pills.



Source: www.thegooddrugsguide.com

Fitzgerald (2003) investigated one brand of ecstasy called ‘Dove’. This report argued that branding “in particular ways, with distinctive names, enables drug consumers to select a particular variety of drug on the basis of both its chemical composition and its commercial identity” (Fitzgerald, 2003: 202). Thus, particular brands of ecstasy allow the consumer to decipher what ‘type’ of pill they have purchased.

The key informants suggested that branding was less important to New Zealand ecstasy consumers. Most argued that the chemical composition of brands changes by the time ecstasy pills reach New Zealand,

You can get an idea of where they are coming from and who made them and you know that they are probably going to be very similar. But then there is a lot of variation in New Zealand between brands, like if you are taking different pills out of the same batch (Kevin).

Alternatively, they argued that manufacturers copied the different brands so to distribute them as ‘good’ or ‘strong’ pills when in fact they might not be (personal communication).

⁹⁹ Hammersley *et al.* summarise the different types of ecstasy brands described by their participants, this includes a review of 9 different types and 108 sub-brands (Hammersley, Kahn, & Ditton, 2002: 39-40).

Yeah, but everyone says, when they give it to you, that it is all good. So, a lot of it is a gamble. There is just as many crappy ones as there are good ones...The old ones were good, but the new ones are mainly ketamine. People try to sell them off as other stuff (Mick).

Mick's comments are echoed in other research that describes how ingredients contained in a tablet may differ both within and across brands of ecstasy (McElrath, 2002: 204). Thus, the key informants did acknowledge that there was variation in chemical make-up of ecstasy pills and these variations change over and space.

Ecstasy is built up of so much different stuff now, which is changing the effect of what pure ecstasy will do. Drugs evolve into other drugs, like the LSD that people are taking now is certainly far different from what it was like in the sixties...people learn that they can cut it with different stuff and make similar effects (Kevin).

Knowledge of different types of ecstasy pills and their perceived effects were important to the key informants in that they could identify and manage any possible disruptions to the potentialisation of ecstatic pleasure.¹⁰⁰ This illustrates how users can regulate the effects of ecstasy by utilising their knowledge of self management skills.

Participants drew distinctions between 'pure' MDMA and adulterated pills to describe experiences with 'good' pills as opposed to 'bad' pills. Good pills, participants argued, contain 'pure' MDMA. In contrast, 'bad' pills are those that were impure and contained substances such as ketamine or heroin. Mick and Kevin explain,

...[I] can tell if there is ketamine, I can tell if it is really 'smacky' because you don't want to get up and dance [instead], you would sit on the couch and feel like not doing much. Ketamine makes you go all sporadic and you stumble around...your not really co-ordinated (Mick).

...You certainly do get an idea of what certain pills are good and what pills last a long time and what pills are a bit rough and what pills might make you feel a bit seedy and what ones are a bit 'smacky' (Kevin).

The key informants often coined their negative experience with particular tablets as "smacky" pills because they perceived these pills as containing heroin. Samantha attributes two negative experiences that she has had while consuming ecstasy to the pills being "really 'smacky'" and made her experience "jumpy" as opposed to "smooth",

My whole head just like fussed up and I couldn't really see anything properly. I couldn't stand it was all just like blurry. So, I went outside where they have an outside

¹⁰⁰ The key informants management and control over the impurities in ecstasy is discussed in Chapter Six

area...and I swear to god I was there for about four hours, just sitting against this fence looking and watching everything happen around me. [It] could have been a different kind of drug or it [the pill] could have been cut with something I hadn't had before (Samantha).

Kevin argues that a high percentage of negative ecstasy experiences are attributed to the different drugs that ecstasy has been cut with,

I think that it [negative experience] is quite often [because of] the things that ecstasy has been cut with, like ketamine and various other things. They tend to come on quicker or stronger than what ecstasy does, so you tend to get the toxic bit straight away and so you feel uneasy and quite nauseous and a wee bit fuzzy on it and you may not be aware of what is going on around you.

Kevin went on to describe how pills cut with ketamine can potentially accentuate the nausea commonly associated with the coming up stage,

I think that quite often it is [because of] the things that ecstasy has been cut with, like ketamine and various other things. They tend to come one quicker or stronger than what the ecstasy does, so you tend to get that toxic bit straight away and so you feel uneasy and quite nauseous and a wee bit fuzzy on it and you may not be aware of what is going on around you.

The comments of the participants are similar to statements by participants in other research projects and suggest that users differentiate between brands by their supposed “smacky” or “heavy” effects (McElrath, 2001 a).

The key informants argued that “pure” MDMA comes in loose powder form. The powder is consumed either in capsules or rolled into Zigzag paper and ingested (personal communication).¹⁰¹ Most key informants characterised “pure” MDMA as a clearer experience, with a shorter coming on stage and strong plateau stage that does not contain “speedy” or “smacky” qualities:

I think the main difference for me is MDMA. I have had pure MDMA before and its more of, it's not speedy; it is more of a body/head slowed down thing (Nancy).

Additionally, the possible short-term negatives that come with ecstasy consumption, such as jaw clenching and teeth grinding, did not occur when the key informants tried pure MDMA powder:

No, and plus it is a lot more clearer. You sort of see things clearer and you can kind of tell when there is other stuff in it. Most of the other stuff makes you chew your lips off

¹⁰¹ Zigzag paper is used when rolling tobacco for cigarettes.

and grind your teeth, I'm pretty sure, cause I have had the powder and you put it on your tongue or swallow it and you never chew or grind (Mick).

Most were told by their supplier that the substance they were buying was "pure" MDMA:

Like we used to get the MDMA capsules and stuff that was pure...they would say that it is MDMA because it was in a capsule and it was powdery...I think it was pure because it was more full on and it was a lot stronger (Helen).

Expectations, then, of good or bad pills are shaped by information generated through distributors or friendship networks (McElrath, 2002: 204). Mick explains the extent to which his expectations of an ecstasy pill have improved or decreased his experience of ecstasy:

Usually when you take it, it just changes everything and makes you feel better than you did before. Then if you were having a bad 'E' it would make you feel worse, if it isn't good enough. Sometimes you expect it to do a bit more than it does and it doesn't, it gets you a bit shitty (Mick).

The extent to which knowledge of "pure" MDMA effects are facilitated through shared expectations or the contents of the tablet is difficult to determine, "Knowledge (e.g., superior brand) might have affected users...it is possible that collective set had more to do with user reactions than did the drug or label itself" (McElrath, 2002). This suggests that users' expectations are an important actor in deciphering between "good" or "bad" pills.

Instead of branding, Mick described certain characteristics that he employs to distinguish between different types of ecstasy. For instance, he suggested that he could tell if a pill is 'good', by its appearance:

You can usually tell which the good ones are and which aren't. The good ones are better made, when you look at them they actually look like a pill, they have curves, they are hard to break and they are put together really well (Mick).

'Bad' pills, Mick argued, are designed badly and fall to pieces when users try to break them into halves. Torque suggested he does not consume capsules very often because he believes there is a higher chance of them containing substances other than ecstasy.

Different perceptions of what types of pills equate to a "bad" experience are dependent on the individual users' likes and dislikes. Some users, Kevin states, enjoy the types of pills that are "smacky" or "speedy": "See that is another thing, you have different people liking different things. **** likes to sit there wasted...others like it for its speedy quality". Torque explains that he enjoys the "smacky" pills that most people do not enjoy:

...The ones that I think people say are 'smack' based, which is heroin, you get the wavy body feeling. I like that though, cause I will have it and an hour later I will have a smoke [marijuana] and that brings it on real fast and it sort of feels like lightening is coming out of your hands.

Terrance argued that he does not like pills that produce a strong coming on stage. In contrast, the other key informants stated that they enjoy a strong coming on stage. Therefore, different users have different expectations of what constitutes a 'bad' or 'good' ecstasy pill.

A great deal of the key informants argued that New Zealand had limited supply of "pure" MDMA tablets. For instance, Terrance argued that New Zealand's location had a lot to do with the lack of quality "pure" MDMA pills:

It is really because we are at the ass-end of the world and we just get sent all these shit 'E's' that everyone else refuses to have and you cannot sell that here because they don't want to lower the price of 'E's' over here and they cannot sell these shit 'E's' over here for 65 to 80 dollars. So, they have to smash them up and add a whole lot of other things to it, like your pseudo-ephedrine tablets, to beef it up a bit, so they can still sell it for the price they want for it.

In contrast, Terrance argues that England and Indonesia had "pure" MDMA pills because of their closer location to the major ecstasy supplying countries,

The ones in England were nothing like that and they would only last for an hour. I found that they came on a lot smoother and you don't get that zombied out feeling or really wasted feeling; it just comes on really nicely...when I was in Indo they were having them and they were like that as well. I think they get them pretty directly from Dutchy land...you rarely see people in a club like a zombie like you do in Christchurch".

Terrance believed that the ecstasy he was consuming in England and Indonesia was "pure" MDMA. Location for these users is an important indicator of what types of ecstasy pills consumers could expect.

These results suggest that some of the participants perceive different tablets to contain impure substances. Through communication with friends and distributors, users gain information on the specific types of effects they can expect from various ecstasy tablets. However, the importance that participants placed on the impurities of ecstasy in shaping their good or bad experiences varied. Some users did not like to draw on information about the effects of particular tablets:

I don't generally want to have any preconception of what it is like. I sort of like to take it and see how I go...I like a little bit of a preconception but I don't like to hold too much to that, I just like to take it myself and see how it goes (Torque).

Consumers such as Torque, argue that settings, friends and individual frame of mind are additional factors that can generate “good” or “bad” nights. Knowledge of how these different factors interplay to create possible disruptions to ecstatic pleasure is important to the key informants.

Access, Availability and Price: “Local versus Global”

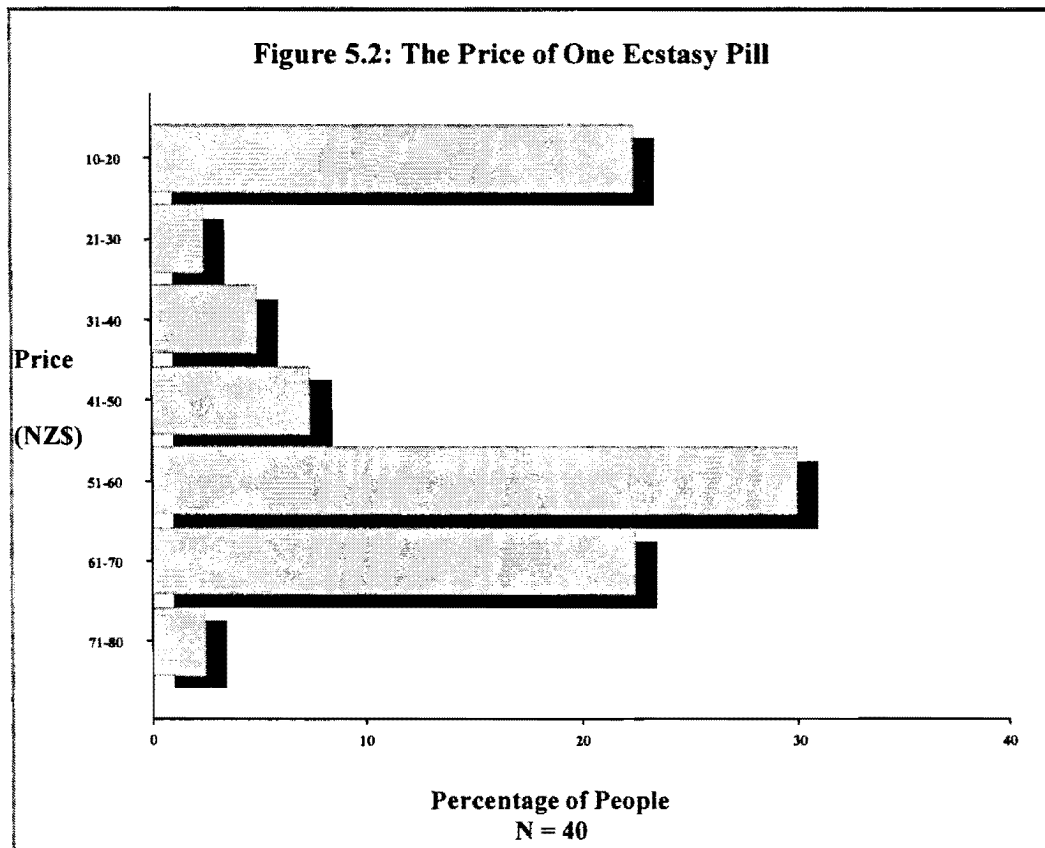
Location influences users’ (in)ability to access ecstasy and often helped shape users ‘good’ or ‘bad’ nights. Access, availability and price could potentially disrupt ecstatic pleasures from occurring. Most of the key informants described how access and availability of ecstasy in Christchurch was difficult:

Big cities I guess would be the reason for that and big volumes of pills going into that city [Melbourne]. Basically, you can, there are...more people dealing due to the larger amounts of it around but...I think it is just much more easily accessible but over here certain people would have to look two weeks in advance to try and suss it out because they are not around that social network of people (Kevin).

Although most of the participants were close to supply networks, they still found they had to organise access to ecstasy weeks in advance. There were two reasons for this, first, ecstasy is harder to access in Christchurch and second, the price of one ecstasy pill is extremely expensive.

In Christchurch participants had to organise a ‘deal’ and save money weeks before they intended to consume. Figure 5.2 compares the prices in Christchurch with prices paid overseas by the questionnaire respondents for one ecstasy tablet. It demonstrates that 22.5% (*n*9) of the respondents stated that they pay \$10-20 per pill. Those who responded in this way were ecstasy users who mostly consumed ecstasy in London. The price was converted from pounds to New Zealand dollars for the purposes of this research. Further, 15% (*n*5) of the respondents stated that they would pay between \$21-50. In this case, the respondents were often describing the price of ecstasy in Australia. In comparison, most respondents pay \$51-70 per pill in New Zealand. More specifically, 30% (*n*12) chose the \$51-60 price range and 22.5% (*n*9) the \$61-70 price range. According to the key informants, the average price for an ecstasy tablets is \$60-70 per tablet. These findings, therefore, illustrate the drastic differences in the price of an ecstasy tablet if bought in London as opposed to New Zealand.¹⁰²

¹⁰² Chapter Four discussed how the key informants argued that purity of pills were considered to increase closer to the supplying countries, such as the Netherlands. Similarly, some of the key informants argued that prices increase in New Zealand because of the distance between New Zealand and Europe.



Consequently, compared to other countries, most key informants argued that the difficult access and high price of ecstasy in New Zealand has the potential to disrupt the successful potentialisation of ecstatic pleasures. Samantha, for example, does not have good access to ecstasy in Christchurch and pays a high price for one ecstasy tablet. Therefore, she has to save for her ecstasy tablet.

Here it does [deter me from using ecstasy]...it is about 80 or 90 bucks. Over here you would have to budget for it, well for me personally because I am a student and I am not earning that much money, so you would have to budget for it and it would have to be worthwhile with something really good on to go to. Like if, it was your big night out for the month (Samantha).

Terrance argues that “over-organisation” in regards to accessing ecstasy, has the potential to “take the fun out of” consumption.

You have to pretty much organise it beforehand over here. That is the main thing and it takes the whole fun out of it. Whereas, when you are overseas you go out to have a drink and go clubbing and having ‘E’s’ is just the sideline. Someone will turn up and go, “Hey, I have got these, do you wanna have a go?” It is not the reason you go out. Over here, it is the reason you go out. It is stupid and not much fun.

The fun of ecstasy consumption can be disrupted by the cost and availability of ecstasy becoming the “issue” of the night, which has the potential to create tensions and worries. Kevin and Terrance describe situations where they have been so anxious about successfully accessing ecstasy that it has ruined their evening:

...If you are out in London with mates inevitably, you are going to get some off your mates. Over here, you bump into someone and say, “What are you up to tonight?” And they will go, “I am going to such and such” and you might say, “Oh, have you got any drugs”, and they say, “No man, I don’t sorry”. So, that instantly starts that guy thinking, ‘Oh right, everyone is going to be on pills and I’m not going to have a good night because I don’t have one’. So you start freaking out trying to find out where you can get one from and all of a sudden it becomes the issue of the night (Kevin)

You might turn round to your friends and say I’m going to have a pill tonight and they might say I have only got enough for half a pill. You go overseas and no one will ever buy any pills. Someone will buy fifty pills or something for the night and it will be the same price as a drink and you can give and take as many as you want... [In New Zealand there are] tensions and worries; it is silly; it just costs too much money...I had so much fun overseas, you know, you would be somewhere and someone would just give it to you and no one ever gives you ecstasy over here. Everywhere else in the world I have been given ecstasy and it takes a lot of worry out of it and you don’t care, you know (Terrance).

The idea of cost and availability shaping a night as “good” or “bad” was reinforced by my observations. One example, was when I attended a dance party with a group of friends who had not been able to organise ecstasy pills. Most went to the dance party and enjoyed the night without consuming ecstasy. However, one individual became preoccupied with the idea that she could not access any ecstasy and therefore, would not be able to enjoy herself. While the rest of us were enjoying the music and dancing, that individual went home before the DJ was halfway through their ‘set’. Thus, for that particular individual, lack of access to ecstasy made not getting ecstasy the issue of the night and consequently ruined her evening.

Lack of access and the high prices in New Zealand also helped shape the ways users practice ecstasy. Because users have to organise access and often pay high prices, the key informants suggested that how, who and where people consume becomes important.

Because they all have their one pill that they have spent their ninety bucks on, they are not going to fuck it up. Whereas, if there was a better supply, people would have had two at the stage they want to...I mean those *** parties were a perfect example of them being so fucken anal about whether everyone was taking them and when they were going to take them, it was like “No don’t take it now *** has to tie up his shoelaces, we will wait for him and then get a drink and all sit down and have all our pills at the same time and we will all feel the same”. It was like, “For fuck sakes boys!” (Kevin).

The users strategize their dosage, timing and settings of use in relation to the localised price and availability. Helen explains that in Christchurch she administers ecstasy later and in smaller doses,

Yeah, over there in London, because it was so much cheaper, you would just take it all the time. Like you would take more of it and more frequently. But over here, you have your one or two so you work it out so that you are timed and set to go. In London, you do have one before you go, maybe on the way in the tubes and stuff like that. Over there, you do it for much longer [in a night] whereas here you may have one later...but you finish at four and you are ready to go home. Over there you start earlier, like at nine or ten or something, keep going...you are taking more. Like we were having six or seven and then you would keep on going through the next day (Helen).

Jake describes how in London, he would consume more ecstasy throughout the night:

Over there [London], because pills were so easy to come by, if you were out in a club and were feeling yourself coming down and you were still going to be there for a few hours you would drop another half or whatever to bring yourself up a bit again. So, I would have two to three [pills] in a night (Jake).

In contrast, some of the key informants, when using in Christchurch, would organise their consumption of ecstasy around “special” events:

But yeah, if it is a special event, I don’t take it for the sake of taking it (Torque).

In London, you can buy an ecstasy tablet for the price of a pint of beer...you can have two or three a night and that is normal for some people and then you might have it the next night as well. Yeah, the cost is a lot different – here it is sixty to seventy bucks, which is a pretty substantial amount of money. So, you kind of want to make a big night out of it (Jake).

Rather than spontaneously consuming ecstasy, some key informants suggested that within the local context of Christchurch they are more likely to take ecstasy for a special occasion or event. This illustrates one of the ways in which location shapes the production of ecstatic pleasure.

Discussions of the localised characteristics of ecstasy consumption within the interviews led to illustrations of the possible dependency on ecstatic pleasures. Some of the key informants described how low prices and easy access to ecstasy overseas can lead to users becoming addicted to a ‘lifestyle’ that is organised around the consumption of ecstasy. For instance, Nancy exemplified that when she was living in Australia, ecstasy was easily accessible, low in price and there were good musical acts every weekend. Thus, to keep up with living a lifestyle of clubbing regularly, Nancy consumed ecstasy on regular basis:

It is more of a lifestyle over there and it is just everywhere and everyone is doing it, so I would probably take it once a week. And that just got too much...yeah and I guess

you earn way more over there and you have got a little bit of money to spend on that. And everyone is doing it and you are going out clubbing all the time. But over here, it is a totally different lifestyle. It is a lifestyle thing I think.

So, rather than consuming ecstasy for a “special” occasion, it was argued that users overseas consume more frequently, which could lead to some kind of dependency.¹⁰³

Depending on Ecstasy

As mentioned above, the high cost and limited availability often shapes how, who and where users consume ecstasy in order to make the night “special”. However, some of the users interviewed differed in how they conceptualised and practised ecstasy “specially”. Dance party users often criticised at home users’ choice of settings.¹⁰⁴ Dance parties were perceived by some users as crucial for maximising enjoyment and reducing problems associated with ecstasy (Shewan, Dalgarno, & Gerda, 2000: 444). Samantha, for instance, stated that she only consumes ecstasy for a special event and does not use ecstasy at home:

I would not take ecstasy just for the fun of it. There was always a reason...we were always going out to do this, that, or, ‘so and so’ is playing here. I wouldn’t just sit at home and take a pill.

Nancy argued that because of the cost of ecstasy she could not justify taking ecstasy and sitting around at her friend’s house:

I would only really take it to go to a dance party. I don’t really see the point you know...I think that it becomes quite sad when you can’t sit around at someone’s place and just have a drink. [Instead] you have to get on the programme [ecstasy]. I don’t want to be dependent on it. To me, doing that is. And it is expensive as well – the cost of it – I can’t justify it.

The end of Nancy’s quote also suggests another criticism that dance party users had of at home users. This was the argument that at home users depended solely on the chemicals contained in an ecstasy pills to potentialise ecstatic pleasures. In contrast, dance party users argued that entertainment ‘makes or breaks’ a good night. Terrance argues that a “good” or “bad” pill is not completely dependent on the purity of the pill and criticised those users who explain their negative experiences in this chemically deterministic manner. To him, a good DJ and dancing makes a good night:

¹⁰³ The concept of dependent use as opposed to controlled or recreational use is discussed further in Chapter Six

¹⁰⁴ ‘At home’ describes ecstasy users that consume in neighbourhood settings such as their friend’s houses and local pubs and bars. See the section on ‘people, places and drug consumption’ in Chapter Four for a definition of ‘at home’ and ‘dance party’ users.

I'm not one of those dickheads who sits there and says, "Shit these are good pills". I couldn't give a flying fuck how good their pills are. The pill doesn't make my good night. I can tell whether a DJ is playing well or shit or if he is playing tunes I like or not. The pill isn't the 'be all and end all'...I don't think you get a bad pill and I don't believe people when they say, "Fuck these are really good mate!" If you are having a fun night, you are having a fun night. The pill doesn't have to have a lot to do with it.

Terrance contrasts his experiences with using ecstasy at home with friends and at dance parties:

When I am in town, I always have a good time. Quite often, if we are sitting with the boys round there – when they like to have it at home – I could have half a pill and it wouldn't do fuck all for me. I could quite frankly, smoke half a spliff and be more wasted than that. They could be running around like Zulu's having the time of their life. If the fun isn't where I am, it won't do shit for me at all.

Entertainment, for dance goers, is crucial for the successful potentialisation of ecstatic pleasure. To make ecstatic pleasures occur, dance goers argued that the setting was crucial.

Users also differed in their understandings of 'tolerance'. Some of the key informants suggested that there is a possibility of becoming tolerant to the effects of ecstasy. Consequently, this means that users might need to consume higher dosages to potentialise ecstatic pleasure.

I would have had a whole and it would have lasted all night. But it is not the tolerance it's that you have got used to what it feels like. You want to up what it feels like a bit more than what it actually feels like. Probably hence the reason you see a lot more 'monged out' people that are thinking that it is feeling a lot better [than they look] (Mick).

Jake and Helen explain that tolerance depends on the frequency and dosage of ecstasy consumption. The more often a users consumes and the higher their dosages, the more likely they are to build a tolerance to ecstasy.

Depending on how many you are having and stuff. Especially over there [London] I was like having seven or eight and you needed more and more and especially if you don't have a lot in awhile you get like, 'wee'. I reckon the more you have and frequency and stuff – I think you do (Helen).

I think that if you have one every week then your highs wouldn't be as good or you would have to take more than you would if you had a six-month break. That is very generally speaking cause as I say there are lots of factors that do influence how high you do get. But generally, I think you do – if you haven't had ecstasy in awhile you would get a better high (Jake).

However, Jake's comment also suggests that building a tolerance to ecstasy is complicated by the fact that getting 'high' is dependent on a number of factors. Often the discussion of tolerance to ecstasy facilitated further discussion on the importance of setting and entertainment for the successful potentialisation of ecstatic pleasures. Terrance criticised comments such as Mick's, which define tolerance as "getting use to the effects". He suggests that tolerance, in Mick's terms, is boredom produced through lack of entertainment. A number of participants argued that users who find themselves in this situation often rely completely on the chemical experience of ecstasy and in doing this, spend less time entertaining themselves.

I don't really believe in that theory [getting use to the effects]. Not really, no, I think that it is a crock of shit. You are just bored of yourself. You will generally find that [those] people that are spending all their money on it [ecstasy] are not spending [enough] money on entertaining themselves.

Similar to the participants in Pini's (2001) research, the dance goers in this study argue that the successful potentialisation of ecstatic pleasures is constructed through a series of practices and knowledges (Pini, 2001).¹⁰⁵ Terrance suggests that depending solely on the chemicals of ecstasy might not produce ecstatic pleasure. Instead, moderated consumption and good organisation of space, time and company can possibly potentialise ecstatic pleasure.

Yeah, it's like, if you're sitting down on a couch and jamming pills down your throat nothing is going to happen. Whereas, if you only had it once a couple of months when you went to town and had a storming night and thought, 'Fuck, that was an amazing night', it's like that. If you are having it every week – you can't expect to have a good weekend every weekend like people expect. If I had it every weekend, I would build a tolerance. But if you are in the right place at the right time, you can get more wasted than you have ever been (Terrance).

Similarly, Torque argues that tolerance to ecstasy is often because users consume too frequently, creating a predictable experience. Kevin explained that,

As with anything people will get sick of things as one stage...I mean I have often wondered what the next 'ecstasy' is going to be...But people do get slightly sick of it; you will get sick of anything if you have too much (Kevin)

¹⁰⁵ Pini's research was reviewed in Chapter Three, where I illustrated her argument that users both 'let' and 'make' ecstasy work for them. Chapter Four exemplified how the participants in this study practice ecstasy in an effort to 'make' the potentialisation ('let') ecstatic pleasures.

Short-term Consumption: “Too Much Ecstasy”

Although many key informants stressed the importance of controlled and moderated consumption and criticised those who consume too much, many had experienced the effects of taking too much ecstasy within one night. Therefore, the participants did at times practice spontaneous and high dosages of ecstasy and co-use with other drugs. There was a consensus among participants that the excessive consumption of ecstasy can disrupt the possibility of ecstatic pleasure. Kevin explains that, “there are definitely downsides to it and there are people who don’t manage themselves particularly well when they are on pills. Like people that have more than what they should”.

Jake illustrates how high dosages of ecstasy can create less than desirable experiences:

You can take too much and I have seen people that have taken too much and I don’t like to admit it, but I have taken too much before. That is when your eyes start rolling back in your head and it is not nice and you are sort of on the verge of passing out (Jake).

Additionally, the key informants suggested that a large percentage of their negative experiences are a result of their co-use practices of other drugs and ecstasy. For instance, the co-use of herbal pills with ecstasy often generated hangovers that the key informants suggested was a direct result of the ingredients in herbal pills:

It is all those pepper things that are in Frenzies, but I think they are worse off for you than ecstasy. They might not kill any brain cells, but they make your body worse off than ecstasy ever does – as in throwing up and making your stomach queasy. But there is a slight difference; they aren’t damaging your body (Mick).

All those herbal drugs definitely work. Frenzies and stuff definitely work. But I find them pretty rough the next day, worse than pills...I think they definitely do keep you up longer, it is harder to go to sleep on them and you get quite an uneasy skin crawly feeling off them the next day (Kevin).

Co-use practices that involved high consumption of ketamine were often described in a negative manner. Saunders argues co-use practices of ketamine and ecstasy have the possibility to produce powerful hallucinations and dissociation (Saunders, 1997). Participants described similar experiences as being stuck in the ‘k-hole’. Kevin described how the co-use of ecstasy and ketamine could produce negative effects if the user does not moderate how much ketamine they are consuming. He used the term ‘k-hole’ to describe situations where users consume too much ketamine:

But ketamine is a funny drug, in that you can only take a tiny little amount of it. You don’t want to get to a certain level, which they call the ‘k-hole’...you don’t want to have so much that you get to that stage where you are not very social.

The 'k-hole', was used to describe experiences where users become unsociable and 'out of it'.

Some of the key informants considered the co-use of alcohol and ecstasy a major actor in the disruption of ecstatic pleasure. The key informants explained that the use of alcohol with ecstasy could create memory losses, high levels of intoxication and nausea in the coming on stage:

I tend to drink too much and I get terrible memory losses from it; I know that has a lot to do with drinking. You can drink, if you are on any chemical drug, you can drink like a fish. I am like that and most of my friends are like that. But then you get to a stage where the drugs wear off and you are really pissed...For some people who drink too much it can just overload you in the first initial hit when you get that nauseous feeling. Some people in that period won't come out of that feeling, if they were fucked already [intoxicated], and when they have drugs it just makes them feel really nauseous (Kevin).

Some of Kevin's negative experiences of ecstasy were result of a drinking too much alcohol:

A couple of times I have had bad times on it – I have been so out of it that I haven't really been functioning and that was after drinking a lot of alcohol very quickly and then having three quarters of a cap[sule] of MDMA and then forgetting that I have had it and then having another cap of it in the taxi on the way to town and just becoming way too fucken out of it. I couldn't walk or talk or do anything. I just had to sit there at *** with my head between my legs and come out of it. Don't remember any of it.

The last line of this quote suggests that memory loss could also be attributed to high levels of alcohol and ecstasy consumption. Other participants depicted situations where they had had high dosages of ecstasy and alcohol and forgot the whole night the following day. Torque illustrates how sometimes he cannot remember the whole proceedings of the previous night,

When I have had more than usual you don't seem to be having memory losses at the time, you know, you are just living in the moment and everything is fine and then all of a sudden you'll go, "Shall we go and do that?" and someone will say, "We were just there". You can't even remember being with someone five minutes beforehand. The next day, when you wake up, the night before seems like five minutes long, so yeah, definitely memory losses. I noticed it with going to drum 'n' bass gigs; if I haven't had a pill I can remember every tune pretty much. If I have had a pill, I can't really differentiate between tunes the next day. I don't know if that is partly what is in them or if I drink too much. I think it has a lot to do with drinking.

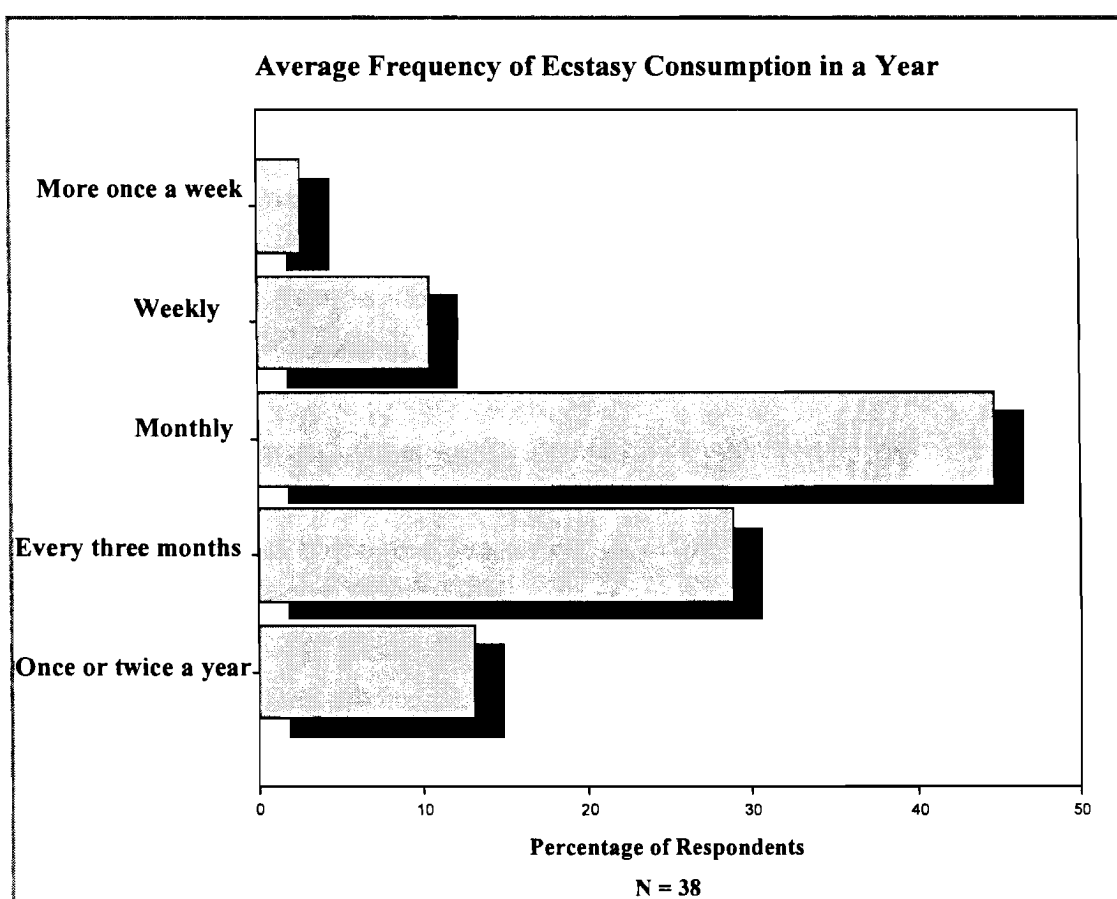
There were mixed responses in relation to the use of ecstasy and alcohol together. Different users tended to argue that alcohol produced negative repercussions and they adapted their practices to limit their intake of ecstasy.¹⁰⁶ Other respondents consumed large amounts of

¹⁰⁶ See Chapter Four for further discussion of this

alcohol with ecstasy and described their experience as positive. This is consistent with the results of other surveys of ecstasy usage (McElrath, 2002: 205).

To summarise, in some instances, participants perceived that combining ecstasy with other drugs produced negative consequences. In particular, the respondents were cautious of combining herbal pills, ketamine and alcohol with ecstasy. Negative accounts of different drug cocktails varied and were dependent on users' knowledge and experience. This illustrates the importance of mapping the variations between users' experiences, practices and knowledges.

Long-term Consumption: "Growing Up", "Getting Experienced"



Participant's long-term consumption of ecstasy varied in relation to time, location, friendship networks and individual circumstances. All participants were asked how often they consumed ecstasy, weekly, monthly, every three months or once or twice a year. The findings from both the interviews and questionnaires suggested that most regular users consume ecstasy on a weekly or monthly basis. Others are more spasmodic users, taking it every three months or once or twice a year.

The graph above illustrates the consumption patterns of those participants that completed the questionnaires. It shows that 10% (*n*4) of respondents consume ecstasy weekly, 42.5% (*n*17) monthly, 27.5% (*n*11) every three months and 12.5% (*n*5) once or twice a year. Thus, it seems that most of the respondents choose to consume ecstasy monthly. The key informants suggested that choosing a frequency category that suggested 'stable' (weekly or monthly) consumption was difficult in that their consumption varied in relation to the time of year, what events were on, price, availability, and location and friendship networks. As Kevin suggest, "depending on what time of year, and certain circumstances. If there is lots of it around, I will end up taking more and it depends on the cost of it". Thus, although they could summarise their consumption in these terms, they argued that in reality their ecstasy use was probably more erratic than stable depending on particular variables. Hammersley *et al.* (1999), account for contingent consumption patterns by distinguishing between 'stable' and 'erratic' users. They define stable users as people who consume the same amount of ecstasy, the same number of times a month. Erratic users are those who consume different amounts of ecstasy during different months (Hammersley, Ditto, Smith, & Short, 1999)¹⁰⁷ What Hammersley *et al.*'s categories do not account for are the specific factors that help produce instable consumption patterns. The following illustrates the heterogeneous factors that help shape users consumption patterns.

Most of the key informants explained that they might consume ecstasy more over the festive period of Christmas and New Year. This was usually due to them being on holiday from work, celebrating with friends and because the availability of ecstasy increases around this period: "Yeah, lots more because I am on holiday as well and usually at Christmas there is a lot more [ecstasy around]" (Mick). From my observations over the 2003-2004 festive seasons, Mick's comments seem to be similar to other recreational ecstasy users. Informal conversations with users suggested the around the festive season their consumption may increase from 'monthly' or 'weekly' to 'more that once a week' (personal communication). This was reinforced by Helen's comments,

I would call a binge when you do and then you don't, like over summer, whereas in winter you don't go out as much but you binge over the summer because it is party time and Christmas (Helen).

¹⁰⁷ They also divide participants labelled as stable or erratic users depending on whether they were a 'light' (every three months or less), 'medium' (monthly) or a 'heavy' user (weekly). Although a helpful way of characterising a large sample of ecstasy users, because of the size of this research I utilised more generalised groupings.

Samantha explained that her frequency of ecstasy consumption varied in relation to where she was located and whom she was 'hanging out' with. Changes in location and friendships decreased/increased her access, availability and price of ecstasy. For instance, her consumption of ecstasy was initiated when she moved from Christchurch to Sydney. She continued to use ecstasy regularly once a week while living there, but since she has been living back in Christchurch, her consumption has decreased dramatically to once every three months.

Yeah, over there, our whole flat pretty much and there was eight of us living in that flat so there was always stuff around. Most of the people I associated with as well [consumed ecstasy]. Whereas here, most of my friends have never been subject to that kind of lifestyle. So, they are actually anti it.

Samantha's consumption in Sydney was regular because her friends were consuming, she had good access to ecstasy and it was relatively cheap at \$30 per pill. In contrast, her Christchurch friends are against the recreational use of illicit drugs, she is isolated from supply networks. As a university student, Samantha finds it difficult to pay \$60-80 per pill.

Similarly, Kevin explained that his choice to take illicit drugs and continued consumption is shaped by friendship networks:

You move through them [drugs] over the years I suppose, not through really getting bored with the other ones but different opportunities come up with people telling you about their experiences of them and stuff. It almost becomes, not a hobby, but you get common interests with different people on similar things.

Mick describes how the ritualised practice of administering ecstasy at the same time as his friends is not an important practice to him anymore:

We used to [take ecstasy at the same time] when we first started taking it but not anymore. [Now I take it] Usually with one other person, so you are doing the same thing at the same time. It used to be, when we were first doing it that would be in groups.

The change from group administration, Mick explains this was due to the re-sizing of the friendship network with which he consumes ecstasy,

[We used to take ecstasy together] because there were heaps of us taking it. [But now] a lot of us don't hang out together or go out at the same time anymore, whereas we used to have groups of 10-15 people.

Helen described how personal relationships has an affect on the frequency of her ecstasy consumption,

It is because I was going through a single patch there for a while and you want to go out and do this, whereas you can become a bit lazy when you have a partner.

Friendship networks and interpersonal relationships can help shape the users' frequency of ecstasy consumption.

As suggested earlier, ecstasy is often only consumed at special occasions or dance events. Consumption varies in relation to what 'gigs' are on in Christchurch and whether the key informants can afford both the costs of the entrance ticket and an ecstasy tablet.

I mean going out to a club will depend on whether there is something good on, like an advertised gig [and] If I'm poor, cause I get paid fortnightly, if the gig falls on a week when I am poor (Samantha).

The "special" events described by dance goers can cost between \$5-50 and "good" international DJs do not always play frequently. Ecstasy consumption by users who only take ecstasy at these events, then, is unstable and fluctuates accordingly.

At the time of the interviews, most of the key informants had been consuming ecstasy for at least four years and were nearing their late twenties. I considered two important issues in relation to this. First, the informants were quite experienced in their ecstasy consumption.¹⁰⁸ Their practices and expectations in relation to ecstatic pleasure had changed with their increasing experiences. Second, many of the users' individual lives had become complicated in relation to work, relationship and family commitments. Consequently, some of the key informants had to negotiate their ecstasy consumption around these commitments.

Popular perceptions of ecstasy argue that the drug acts as an aphrodisiac, producing 'loving' 'huggy' feeling (McElrath, 2001 a: 5). Correspondently, some of the participants in this study used similar terms to describe their pleasurable experiences of ecstasy. For example, users described feeling more sociable in regards to social interaction with others (see Chapter Four). The participants explained how their expectation of what ecstasy does have changed as they have become more experienced in their consumption. Often, this led to criticisms of popular conceptions of ecstatic pleasures. The key informants explained shifts in expectations by describing what they thought before and after they first consumed ecstasy. Terrance explains his first experience of ecstasy:

¹⁰⁸ However, the key informants level of drug experience was also created limitations for this research. As Shewan *et al.* explain, users who are less experienced users may describe more negative aspects of ecstasy consumption. Experienced users, in contrast, may become either more knowledgeable of the negative aspects and have the ability to minimise harm or they may become complacent with certain 'bad' experiences (Shewan *et al.*, 2000: 192).

Was totally different to what I thought it would be. I had been led to believe that it was some drug that made you bloody horny and just want to fuck and things like that. I wasn't really led to believe that it was just something the made you chat all the time and made you talk to people [and] gives you lots of energy (Terrance).

Similarly, Mick argues that most men lack a sex drive when consuming ecstasy. Further, he states that the 'loving' feeling is just the users' initial reaction to the onset of ecstatic pleasure:

I think you get over that loving feeling. I don't get huggy or anything with anyone anymore...it is that initial feeling of it like, "This is the best feeling in the world! I think you lack sex drive altogether, when you are on it because it sort of takes over you and you don't really think about it stuff all. I suppose it depends on the person. Most people I know can't have sex on the stuff anyway; it doesn't make you work (Mick).

Terrance argues that in general the name of 'ecstasy' is misleading,

Just the name of it really puts you right off. You know we had always been keen to give ecstasy a go because you know you get your girlfriends to stay at home and have some ecstasy. But I think that is probably the worst thing to do – staying home with your girlfriend – you are never going to have sex when you are on ecstasy. It is a none [done] thing really. It is not the right name for it at all.

He was also cynical about users that display affection in the form of 'hugging' strangers,

You don't walk everywhere and hug people... [That] is just an easy way out for a lot of people. I don't particularly like that part of it. You might do it to someone you know but you would never do it to someone you didn't know. You don't loose your inhibitions that much. I might give a friend a hug that I don't normally hug but I don't walk up to someone [I don't know]...it is a cop out!

Like other research, Terrance and Mick's quotes suggest that users are "capable of critically assessing some of the pervading images that are constructed around their drug usage" (McElrath, 2001 a: 5). So although some users argued that ecstasy is beneficial for increasing social interaction, others felt that these experiences were highly exaggerated.

Significant changes in consumption patterns were linked to shifts in life circumstances (Shewan et al., 2000: 190). Some key informants suggested that their consumption of ecstasy has decreased as they have moved location¹⁰⁹ and grown older.

It was pretty much every weekend over there [London] and a lot more [in one night] as well. We were like up to seven or eight over there and went out like on a Friday and

¹⁰⁹ As discussed in section 'Access, Availability and Price', location has a significant influence on the users' practices of ecstasy.

Saturday night. But here it is like one or two every fortnight or something...but it is like me getting older and everything as well, you know (Helen).

Family commitments and age have decreased Jake's consumption. With the birth of his son, Jake argued that he has had to re-evaluate his ecstasy use:

I am growing up a bit...and my life has changed a bit with my son – I am a little wary about what it is doing to my body and I guess there isn't a lot of research on that. And I am trying to look a bit further than a day ahead and it is hard when you know you have to get up the next day and you can't spend a whole day in bed.

Jake's quote suggests that the after-effects of ecstasy consumption have influenced his decrease in consumption. Further, he states that maybe he is too mature to be using ecstasy:

So I guess there is a lot of discouraging factors for me not to take it at the moment...I would still on New Years Eve or a big night be inclined if I can afford it. But it has changed over time and at the moment; I seem to be taking it less and less. Whether I am growing out of it or not, I am not sure (Jake).

Like Jake, for some of the users the after-effects of ecstasy had led them re-think their frequency of consumption. The second day following the consumption of ecstasy was when the participants experienced negative repercussions. Within this period, users explained that they felt depressed, annoyed and easily irritated:

Well for me it is usually the second day after that is worse for me and the third day, when you are pretty depressed and you really don't want to talk to anyone about anything and you become reasonable bitchy with a wee bit of an attitude, which doesn't matter too much because I don't have to talk to anyone at work and I can just get on with it (Mick).

Kevin explained that the ecstasy hangover could physically tire users' bodies through lack of sleep and exhaustion. Consequently, he argues that ecstasy can have possible implications for commitments the user has the day following consumption,

I guess the most negative thing about it [ecstasy] is the physical things it does to your body to give you the high. It obviously drops your serotonin levels in order to give you that high. But I think on a more day-to-day basis, I think with people...they react differently to it. Some people are fine; they can go to work and everything the next day and stuff, but there are definitely a lot of people, myself included, that are fucked for the whole of the next day. It is not like you can't do anything; it's just that you cannot be bothered. I think people that use extensively, you know, they end up being pretty grumpy and stuff because they have rinsed their body out. Not just their serotonin levels and everything, but they have physically fucked themselves and they are sleep deprived. Even missing a night's sleep during the week can throw you out for the rest of the week. There is that famous saying 'five hours up for five days down' pretty much that is what I reckon. It is not until the next weekend that you feel a hundred percent sweet again (Kevin).

Kevin's comments also suggest that users can experience the after-effects of ecstasy for more than one day. Samantha described how she experiences after-effects over a three-day period. For instance, if she had consumed on Saturday, she would feel tired, irritable and sometimes depressed until Wednesday. Thus, her consumption of ecstasy sometimes affected her work commitments negatively.

Sometimes it can kind of last for a couple of days, like sometimes I can still be feeling kind of weird on the Tuesday, having taken it on Saturday night. That's like three days later and I am still feeling a wee bit vulnerable or edgy and bitchy. Yeah, I get to work on Monday and I'd turn on my computer screen and would have to go for a walk because the screen would be doing my head in. Generally, the next day after was a 'boo-hoo' stage for me. I'd be all depressed and wouldn't want to be with people, the whole world would be coming down around your ears and then you'd just get some rational thought and realise that it was because you took ecstasy last night (Samantha).

The findings demonstrated in this section were similar to other research that suggests shifts in life circumstances results in a re-evaluation of individual ecstasy use:

In particular, several users noted that the 2 days required for the typical ecstasy experience (use and recovery) might not be viable in the future. The older and more experienced users indicated that although patterns of use, particularly frequency, intensity and choice of settings, might change in the future, their use would continue (Shewan et al., 2000: 190).

Thus, shifts in time, location, friendship networks and individual circumstances facilitate increases or decreases in long-term ecstasy consumption. Overall, however, the majority of users indicated that the potential health consequences associated with ecstasy consumption would not effectively stop continuation of use (Hansen, Maycock, & Lower, 2000: 193).

The Fluidity of Ecstasy

This chapter has exemplified the fluid constitution of the practices and knowledge utilised by the participants in this study. Disruptions in the successful construction of ecstatic pleasure were also explored. Fluidity was illustrated through the discussion of four aspects, purity; price, access and availability; setting; and instability of consumption. The chapter emphasised the importance of mapping the possible implications of the contingent constitution of objects, locations, and people when studying ecstasy consumption. Thus, the possible disruptions to ecstatic pleasure to do with ecstasy (purity, excessive consumption), setting (price and access, dependency, tolerance) and users (life commitments) were considered.

I have attended to fluidity in this chapter because I conceive of fluidity and contingency as a key feature of the social. The attention to purity; access and availability; setting; and

instability of consumption is informed by Actor Network Theory.¹¹⁰ In this discussion of disruptions to the ecstatic pleasure pursued by ecstasy users, I have demonstrated that ecstasy is never just ‘a pill in itself’, but always a set of practices and knowledges in local and international networks.

¹¹⁰ See discussion in Chapter Three on ANT.

Coping with Ecstatic Breakdown

Controlling Mechanisms and Harm Reduction

The last two chapters have focused on the production and contingent constitution of ecstatic pleasure. In these chapters I have framed ecstatic pleasure as an actor network that is produced through, and contingent upon, the practices and knowledges users employ to do ecstasy. Throughout these chapters, the possible disruptions in the potentialisation of ecstatic pleasure have been discussed. This chapter illustrates how users control and manipulate the fluidity of ecstatic pleasure to avoid undesired effects.

Chapter Six illustrates the ways in which participants identify and/or employ individual and dance party harm reduction strategies. Individual harm reduction strategies describe users' utilisation of specific practices and knowledge to manage, control, and reduce the potential negative outcomes of ecstasy consumption. Dance party harm reduction refers to participants' accounts of potential drug-related harms associated with doing ecstasy in localised settings within Christchurch, and their identification of possible improvements to these environments. The chapter concludes by demonstrating some implications that became apparent in discussions with participants on drug use, risk, and reduction of harm. In particular, the theme of individual versus dance party organisers responsibility, which emerged from the interview material, is explored. This discussion illustrates the tensions between the two harm reduction approaches identified by participants.

Individual Management and Control Mechanisms

New Zealand's Ministry of Health publications (outlined in Chapter Two) conceptualise harm as largely produced by the way in which drugs are used. Users are considered rational and capable of controlling their consumption practices and harm reduction can be achieved through users adopting controlling mechanisms to manage their consumption of ecstasy. The research reported in this thesis demonstrates that ecstasy users utilise their knowledge of suitable quantities, the effects of a drug and how it is administered to reduce harm. They also use consumption in certain settings and with certain people and strategies to control mental

states to effectively maximise the probability of successful potentialisation of ecstatic pleasures (Saunders, 1997: 195). Pini has argued that by:

...focussing upon such practices we can understand why young [adults]...can continue to rave as they do – without ever encountering any of the dangers, which the media are so quickly to report on. Drawing attention to such practices is clearly not about denying that deaths *have* resulted from Ecstasy use; that sex-attacks *have* taken place within events; or that consistent drug use may have serious long-term physical and psychological effects. Rather it is about highlighting some of the work that goes into minimising potential harm...despite its appearance as a totally hedonistic and uncontrolled activity –raving can be seen to involve its own techniques for self-care (Pini, 2000: 71).

This section follows Pini's example by examining the practices of management and control utilised by the participants in this study. It details how users reduce the negative experiences associated with ecstasy mentioned in the last two chapters.¹¹¹ It describes how participants manage and control their negative experiences of ecstatic. This includes illustrations of their management and control practices of moderating their consumption, rationalising about hangovers, looking after others, knowing one self, and dealing with impurities. The following discussion examines the relationship between participant's harm reduction practices and the strategies advocated in the Ministry of Health publications.

Moderating Consumption

The last chapter explored key informants' statements about how excessive consumption and lack of entertainment could produce the negative long-term outcomes of dependency and tolerance. They also suggested that too much short-term use of ecstasy in combination with other drugs could generate high levels of intoxication, nausea, memory loss and unwanted hangovers. To reduce these breakdowns in ecstatic pleasure, the participants employed a range of practices and a diversity of relevant knowledges.

The participants reduced the long-term negative outcomes, by limiting their dosage per night. For instance, key informants describe how they regulate their dosages of ecstasy to two capsules in one night. This was partially to do with the price and availability of ecstasy in Christchurch. As Mick said: "It is really about how much money you have, two would be the maximum. You wouldn't have more than two". Jake indicated that: "I still buy it but it does

¹¹¹ The last chapter described how issues to do with the purity, access and price of ecstasy could potential create negative experiences. Further, users described how there was a potential for dependency, tolerance and addiction from their ecstasy consumption. Other negative experiences to do with excessive consumption and the after-effects of ecstasy were also described. The strategies for decreasing the possibility of these factors creating negative experiences are the topic of this chapter.

deter me, which is not probably a bad thing cause it is not really a drug I would take every weekend". Moreover, users' inability to consume it while performing everyday activities also limited their use. According to Jake: "You might have people that take it two nights a week and that would be a heavy user. But it is not a drug that you can go to work on and it is not a drug that is easy to go to work on the next day" (Jake). However, limited doses were also utilised as a controlling practice that helps users reduce the potential for negative experiences.

As mentioned in Chapter Five, most participants believed that having too much ecstasy over a period of a week creates negative repercussions. Mick suggests that: "If you took it over a one-week bender everyday, you would be screwed for a couple of weeks". Thus, by limiting their dosage per night, the participants felt that the potential for unpleasant experiences would be reduced.

Users also explained that they prefer to have intervals between uses of ecstasy. This practice was aimed at decreasing the possibility of tolerance and dependency to ecstasy. Terrance explains how he moderates his long-term consumption in order to prevent him from becoming "zoned-out" with respect to his ecstasy consumption:

I might have it every month and then not have it for a few weeks. Generally, I have it every two weeks and then I go a month without any. Not enough to zone me out or anything – just enough to give me a bit of 'yabba yabba'.

Chapter Five illustrated how dance party users like to control their use in order to reduce the possibility of becoming tolerant and/or dependent on ecstatic pleasure.

Often the users' regulation of their practices were associated with a fear of becoming 'trapped' in cycle of excessive consumption and dependency on ecstasy. Nancy observed that her friends in Australia had become so dependent on using ecstasy that they now relied on it to enjoy themselves:

Yeah, when I was living in Australia it was more of a binge thing. It was good to get away actually. Because you do and you get trapped and I saw people do it and get stuck in this rut. It is just sad, you know, and they would go out and be so dependent on it that they couldn't have a good time without it. And it is just like, 'What are you doing?' And I didn't want to be like that.

Consequently, some users portrayed dependency in a negative light. This was often exemplified in the way users employed comparative indicators (McElrath & McEvoy, 2001 b) to separate their controlled use to the uncontrolled and highly 'addictive' consumption of speed and methamphetamine ('P'). Kevin explains

Yeah man, speed freaks are the worst when they become so 'wired' that all they are geared up for is where they are going to get their next 'fix'. That is the problem with 'P', I reckon, in that it has such an addictive quality to it. It is pretty much like smoking crack, just a little bit more removed. So, yeah, people just get addicted to it and if you have an addictive personality you can have it once or twice and be besotted.

The key informants painstakingly attempted to avoid becoming dependent to a 'lifestyle' associated with ecstasy:

[All my drug use is] just experimental stuff, you know, I had never taken all the other drugs as a lifestyle choice or anything. I was just trying new things and once I had had them, it was just like, 'Strike another one off the list'. Some of them like LSD or ecstasy; you keep taking them because they are good (Terrance).

Further, ecstasy, according to the users in this study, is only supposed to be used recreationally in a controlled manner rather than a socially accepted drug that everybody consumed.

I do take it when we are out drinking and having fun at friends' houses, but it is not really my desire to have it if everyone is having it. I might have some but I would never go out of my way to organise to have some for a party. [I would organise to get some] only in a club...I think that is what it is made for; it is not made to be a socially accepted thing that you do when you are hanging around with your mates. [Instead] you listen to loud music and dance (Terrance).

In relation to the negative experiences arising from co-use practices, some of the key informants illustrated controlling mechanisms that they utilise to reduce adverse effects. For instance, Mick argued that it was important not to drink too much alcohol with ecstasy. Instead, he suggested that users should drink water when they are "on" ecstasy,

'E', when I am on 'E', I still drink because I like the taste of beer. Like I will still have a beer or something because it is refreshing. But you shouldn't drink at all really, when you are on it, you can drink water... (Mick).

Terrance explains that he stops drinking alcohol during his consumption of ecstasy because of financial constraints and the fact that alcohol does not affect him,

No, as soon as I start on 'E's' I will be on the waters straight away. I might have a tequila to enjoy being with a crowd but no...not at all. That sort of goes back to the whole money thing – you have just forked out a shit load of money for a pill why do you want to keep on drinking? Alcohol does fuck all to you when you are on pills. So, you can't really be bothered spending money on town priced drinks.

When I questioned Terrance on the price of water at clubs, he argued that, "You don't have to buy their water [consecutively]; you can just buy one and then fill it up". Thus, drinking water

and minimising alcohol intake was one strategy utilised by some participants to maximise successful potentialisation of ecstatic pleasure.

To avoid the ‘K-hole’ (a adverse state associated with too much use of ketamine) Kevin described how he moderates his ‘lines’ of ketamine so that it make him ‘dreamy’ but still ‘awake’ and ‘happy’. He states:

Throughout the night you are actually just topping up the ketamine and by then your body can actually handle it because it has got used to how you are supposed to be feeling instead of freaking out. You have to be careful to leave enough time in between your lines or just have little lines so that you never get to that level where all of a sudden you are just...it’s not like you pass out or anything you just start getting further away from everything that is going on.

Rationalising and Reducing “Hangovers”

The after-effects of ecstasy were considered highly negative by the participants in this study. The key informants said that after using ecstasy they felt depressed, anxious, irritable and physically drained. Some of them experienced these feelings for two to three days,

It depends, but on the whole, a [alcohol] hangover is just the next day. Sometimes it is pretty awful, but it will go by the end of the day. Generally with ‘E’ it isn’t too bad the next day, but that depends on how much alcohol you have had the night before, but it just lasts a day longer. You know, ‘chewy Tuesday’ and all that! (Jake)

Consequently, ecstasy consumption can affect users’ work and family commitments (see Chapter Five).

The participants explained that they dealt with hangovers through developing several strategies. Kevin utilised herbal remedies to prepare for and manage the come down of ecstatic pleasure. The Stargate manufacturers offer ‘5HT+Seratonic’, ‘After E’ and ‘Before E’ that specifically cater to the stages of ecstasy. There are 10 capsules of 5HT+Seratonic per packet and the suggested dosage is five capsules before and 2-3 after ecstasy. This herbal pill differs to the Before E and After E capsules because the product is purely to “stabilise serotonin levels. It isn’t a detox product and doesn’t have any of the remarkable detoxification properties of the other products”. Before E prepares the “body, muscles and mind for a big night out” and it is recommended that users take five capsules over the day. It is suggested that consumers take 2-3 capsules of After E when they start to feel the come down stage to ecstasy and then 2-3 more a few hours to start “rebuilding their system” (The Hemp Store Aotearoa, 2003).

A number of key informants mentioned these products some were critical of them, others advocates for their usefulness. Mick suggested:

I don't believe they do anything...there are herbal ones that get your serotonin levels up, so you take them before you have ecstasy. They build your levels up, then ecstasy take sit out and apparently, you get a higher high. The after ones re-hydrate your serotonin levels for the next morning; you take them before you go to bed. They are full of shit. I don't think they work; and if they do, it is in very minimal amounts.

In contrast, Kevin argued that the Before E and After E herbal pills help potentialise and decrease the negatives associated with ecstatic pleasure,

There are also some good herbal remedies around – 5HT is really good. That's just...I have had that before and after and that just gives you a bit more motivation and energy the next day and you sleep a lot. 5HT was specifically designed for 'E' because it was made for serotonin replacement. It just replaces minerals and stuff that I guess you are stripping when you are taking drugs. So, if you take them beforehand then it sort of builds them up and once you have had it [ecstasy], it [5HT] puts them back – or replaces them. It definitely works I reckon.

Thus, some of the participants in this study consume herbal pills after their consumption of ecstasy to decrease the comedown off ecstasy. As Kevin suggested these 'herbal remedies' help increase motivation and energy that may be lost through using ecstasy.

Other participants described that they consume fresh fruit and juices the days following their ecstasy use. This practice is said re-hydrate the users,

No, I used to feel dry and dehydrated, so I would eat quite a bit of fresh fruit cause that is what I wanted – you want something refreshing. We had a market up the road and even now, I will go to the supermarket and buy a whole watermelon (Samantha).

Research suggests that taking fruit and vitamins can help decrease the negative experiences associated with ecstasy (Saunders, 1997).

The key informants described how important it is to prepare for the comedown off ecstasy. Usually, this meant making sure that they had no commitments the day following their use of ecstasy so that they could recuperate in different ways. For instance, Helen illustrated how she recuperates by being by herself and relaxing:

I am not a comedown grumpy person, I might be a bit quiet but, that is probably because I am tired as well and always like to be on the couch. I prefer to be by myself; I can't go to busy places or deal with heaps of people. You know, I am not in a chatty mood, I just want to veg basically...so, yeah, that is what I am like the next day.

Nancy spoke about anxiety during the comedown phase, but argued that she copes with hangovers by rationalising about her use:

But I try to be a headstrong person anyway and try to think positive, you know, and everything happens for a reason. If you are going to do that to yourself, these are the effects, you know, so you have just got to get yourself out of it, I guess, if you are going to do it to yourself.

Users often reminded themselves that to 'come up' one must 'come-down'. Therefore, they see any bad feelings they might experience as just a bi-product of using the drug rather than a serious psychological health problem. Torque illustrates this view:

You know, it is just a by-product of the drug. I try not to get down, and if you are I try to ignore it and it goes away in a day or so. There is no point in stressing out about it or anything. I know what you mean though; often you are hung-over the next day and then the day after that you will get the whole 'E' 'come down'. It depends, sometimes I have had it on Saturday and Sunday [and] I have been real wasted and Monday I have felt fine but then sometimes on Monday's you do feel a bit down. You just eat a lot of comfort food.

Looking After Others and One's Self



Source: National Drug Policy Website, www.ndp.govt.nz

The Ministry of Health leaflet *Rave Safe* sets out several strategies that individual users can employ to reduce the chance of ecstasy related harms occurring. The information presents ways in which users can avoid heat stroke.¹¹² It suggests that users of ecstasy should avoid drinking more than 600-millilitres of water each hour. The MOH publication also recognises that ecstasy can affect individuals differently depending on their mood and other consumers in that setting.

To reduce the potential harms associated with these factors, the publication stresses the importance of being with friends and looking after oneself when consuming drugs (Ministry of Health, 1999a).

¹¹² Chapter Two outlined the harms associated with ecstasy in relation to heat stroke.

A number of the key informants in this study also emphasised that knowing how to look after one's self was important for minimising the possibility for breakdowns in ecstatic pleasure. Users suggested that those who suffer from depression or psychological difficulties should not consume ecstasy (see Chapter Four). In this way, they avoid increasing potential negative mental experiences. Mick explains that individuals should 'know' that they will not enjoy ecstasy:

The person, like a person that should never have taken it in the first place. I do know someone who has had problems and couldn't come off it for about a week. It just caused anxiety attacks, he had bad problems that triggered off anxiety and he had to have medicine to help with anxiety. I think the individual would know that they are going to like it or not. Like if they are only taking it because everyone else is.

Josie explained that quite often she experienced adverse effects from consuming ecstasy. She made sense of her negative experiences by stating she does not "suit" ecstasy:

I fucked out quite scarily one night, I didn't feel bad just weird. It lasted about an hour, I think, maybe more. Maybe I just don't suit pills...

Other key informants stated that individuals that have experienced bad times with alcohol, such as becoming aggressive, should also not consume ecstasy. Kevin explains that this is because, like alcohol, ecstasy can make individuals feel over-confident, which can sometimes cause them to become aggressive towards others. Similarly, Samantha describes how one of her friends became physically aggressive when using ecstasy:

I had a friend of mine who tended to get a bit agro. He would, not frequently but sometimes, get himself into a bit of trouble. It wouldn't happen all the time, but if someone really flicked his switch he would just turn and become a completely different person.

Moreover, some users stated that it was important for consumers to be able to recognise that their ecstasy use was becoming excessive. Helen explains that she would be able to recognise if she was using ecstasy excessively:

I think it is more the speed that they put into it that gets you all depressed and stuff like that, but there is a chance if you take loads and loads. It depends on the person as well; if you know that you are going that way though, I would always stop and try and sort myself out.

Kevin spoke about a time in his life when he had to 'step back' and re-evaluate his consumption, which had become excessive and was beginning to impact negatively on his life:

I ended up getting to a stage where I didn't have some for awhile and thought, 'Hang on a minute I am having more now than what I usually have'. Yeah, I wasn't giving a fuck,

I was just cruising along being pretty selfish in the way that I would only call people I wanted to call and didn't deal well with conflict. I don't deal with conflict anyway. I was certainly taking the easy road. I had to take a break from it, step back and realise that fuck, I have a lot of choices and I can do really well. I don't know you just end up living like shit a wee bit. You're not looking after yourself... (Kevin).

'Looking after one's self' also meant taking time to recover from a night on ecstasy. This meant letting bodies recuperate through sleeping, relaxation and by using remedies such as the herbal pills, juice and fresh fruit as outlined above.

In Chapter Four, it was explained that friends were important for the successful production of ecstatic pleasures. The key informants indicated that being with the right people was essential for minimising negative experiences:

I would never encourage anybody to have it by themselves. I don't think it would be that fun at all. Even going out clubbing by yourself wouldn't be fun. You would end up making a cock of yourself – walking up to people you don't know and trying to be their buddy. I would rate that quite highly – being with your mates is a must (Terrance).

Samantha argues that it is important to consume ecstasy with people you know and trust in case things go wrong,

I would only take it with people that I trusted implicitly. Because scary shit can happen and if you're not with someone that you know is going to look after you, you're in trouble.

Thus, participants suggested that looking out for friends and helping them during their negative experiences. Kevin explains how he would help someone who was feeling bad:

I have always been in the opinion that you leave them to their friends. There is certainly nothing worse than being somewhere off your head and being looked after by a complete stranger...it is just a matter of making sure they are comfortable and telling them, "Dude, it is sweet as, you are doing fine, you may feel like shit now but give it ten minutes...". And just make sure they have water and sure enough in ten minutes they will be on the middle of the dance floor going for it.

Additionally, Torque states that he helped his friend get through a negative state by keeping her close to him and giving her positive feedback:

The sensible thing to do is probably to make them lie down, make them comfortable and make sure they have their fluids and stuff. But when it has happened to me I have always just dragged them along with me and kept an eye on them and I don't want to ruin my night...and I just give them positive feedback. It doesn't usually last that long, it's only usually an hour or so till they start sort of knowing, what's going on again. Generally, they are not even aware what has happened either, it is really weird.

By talking, reassuring and making their friends comfortable, users can help others get through a possible harmful episode of ecstasy. Brooke summarises the importance of consuming with a group for harm reduction:

We have been shown, we have heard about it from the news and rave magazines showed how to take it and that you go with a bunch of your mates, look out for each other and drink water. You do it in a group because you don't want to be hugging a stranger who ends up raping you. There is a culture that people do stick to.

The key informants' strategies were therefore very similar to those outlined in the MOH leaflet. It states that users should discuss their intended drug use with friends, consume drugs with individuals they trust and take care of their friends. Discussion with the participants in this study suggested that they did confront most of these issues when consuming ecstasy.

Dealing with Different Types and Effects of Ecstasy

The Ministry of Health publication for users argues that, "Drugs can affect you differently depending on the drug's contents, your mood and the situation" (Ministry of Health, 1999a). Although it covers strategies that could be employed for minimising negative experiences associated with individuals and settings, practices to manage the different types of pills and their effects are not explored. All the participants in this study acknowledge the variability of ecstasy in terms of purity. Knowledge of different types of ecstasy pills and their perceived effects are important for identification and management of any possible breakdowns of ecstatic pleasure. This was exemplified in the ways in which they utilise their knowledge and experiences to talk themselves out of becoming anxious about feelings that may differ to from usual experiences. Jake spoke about a time when a friend reacted negatively to ecstasy:

I don't know. I guess it is what they say - that different drugs affect different people in different ways. I mean the same night he said that as soon as he got home he was fine and sort of wanted to come back and was feeling really good. So maybe it was the whole apprehension of thinking, 'Oh I have taken ecstasy, what is it going to do, and once he was in a comfortable environment he was ok (which is always a good way to start). Yeah, but as soon as it hits you are not anxious at all. It would just be the anxiety of the unknown because once you hit the high there is no anxiety at all and you feel really confident. (Jake)

Kevin suggested that some negative experiences of ecstasy are due to the users' lack of experience or knowledge of different types of ecstasy. Kevin illustrates how lack of knowledge can contribute to bad experiences:

This is the other unfortunate thing about drugs, when you are having them for the first time, you don't know what to expect. Your body kind of weirds out and it takes too much energy concentrating on what is happening rather than actually enjoying what is

happening. But definitely those capsules had a high dose of ketamine in them...What they ended up doing was giving you that initial ketamine head rush and when that wears off the ecstasy kicks in.

Some users therefore, have knowledge about the impurities and their effects that is essential for the reduction of harm.

Torque indicates that his experience of other drugs was a resource when he first used ecstasy. For instance, he argues that from his prior experiences of bad trips on LSD he learnt how to talk himself out of a negative frame of mind.

I have seen people not have a good time, where it has been too much for them. Personally, I have never been able to work out why or how. How can you not feel good on it, it is just like taking a chunk of a big wicked cake. There is no badness, no ill feeling, I never feel worried. I think that maybe that comes down to the fact that I had taken acid before it as well. On acid, when it gets really heavy you have to be really sure of yourself and sort of...it's a good learning experience of how you cope on drugs and how you know that if it feels bad you know that it is going to go away. You have just got to be confident in yourself and not let anything get to you and stuff like that. With acid, you have to be a lot more careful about that cause stuff can bring you down and if you have a bad trip it lasts a lot longer than an 'E' and it is a lot more intense. So after I had learnt to deal with that, taking 'E' is like a walk in the park. I can't see how anyone could not enjoy, but again, obviously people do have bad times on it.

However, the more experienced key informants in this study also defined 'bad' or negative experiences in different ways to the less experienced users. Like Torque, Terrance explains that his past experiences with LSD and mushrooms have allowed him to be able to cope and recover from negative mental states. Compared to these past experiences, ecstasy is relatively 'easy' to deal with. According to Terrance:

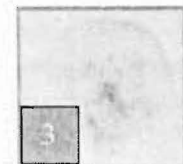
I think the term 'bad time' is when you have mushrooms or LSD, when you are in a bad place for three or four hours and you can't change what is happening up there [in your head]. You have down thoughts all the time. There is a difference between being physically ill and...it is the anxiety of feeling like it is never going to end.

Through experiences relating to the use of different drugs, some of the key informants argued that they have learnt how to cope and reduce potential harms that could arise from ecstasy consumption. This suggests that information about the differing effects for inexperienced users could be beneficial for the reduction of drug-related harms (see Chapter Seven for examples of similar information given to drug users outside of New Zealand).

Another potential harm reduction practice is home drug testing kits. Some of the key informants utilised pill-testing kits to monitor the contents of the pills they were consuming. The website www.EZTest.com.au provides information on the manufacturers who have designed a variety of testing kits that indicate, for an ecstasy consumer, the purity of their pill. There are four different EZ Tests, the Marquis, the Mecke, the Mandelin and the Xtreme.¹¹³ To utilise the kit, the consumer scrapes a little bit off their ecstasy tablets or empties a small amount powder out of a capsule onto a plate (step one). Then they add 1-2 drops of the chemical onto the substance (step two) and within three seconds, a colour change should occur. These tests work in similar ways, but bring up different adulterants contained in the pills. Adulterants such as MDEA, MDA, amphetamine, ketamine, heroin, PMA, DXM 2C-B, and 2-C-T can be identified through the tests (EZ Test, 2004).



Each of the tests comes with a colour chart that tells the consumer what substance equates which colour reaction. For example, if there is no colour reaction or a dark purple colour then the consumer is in possession of ecstasy-like substance (2). In contrast, if the reaction is orange/brown the consumer is possibly dealing with a pill containing speed-like substances (1). Alternatively, yellow/green indicates 2CB-like (3) substances and a slow reaction to dark grey/black indicates DXM.



Mick explains that he has used these testing kits and the results have often indicated that his pill contains substance other than ecstasy,

Three quarters of them are usually [like] what they say is “MDMA” and the rest of them have a lot of other stuff in them like ketamine. Yeah it brings up ketamine...well smack; heroin is usually mixed up with other stuff and the other MDA [ecstasy-like substances].

However, Mick had a hard time believing the tests because he thinks that New Zealand's supply of ecstasy is impure and largely adulterated with other substances: “...but most of

¹¹³ There are four different EZ tests, the Marquis, the Mecke, the Mandelin and the Xtreme. The EZ test Marquis is a chemical called ‘Marques reagent’ it shows up colours that indicate ecstasy-like substances (MDMA, MDEA and MDA), DXM and speed are present in the pill. EZ Test Mecke is a chemical called ‘Mecke reagent’ and also shows up ecstasy-like substances, DXM and 2- CT. EZ Test Mandelin is a chemical called ‘Mandelin reagent’ and deciphers that ecstasy-like substances, speed, ketamine and PMA are present in the pill. Lastly, the EZ Test Xtreme consists of three tests, Marquis, Simon's and Robadope. The consumers of this test are supposed to cross-reference these tests to see if their pill has been mixed with different substances (EZ Test, 2004).

them [tests] did come up with MDMA, which makes me wonder about how good the tests are because I know that we don't really get that good stuff here". Criticism and possible limitations of these tests have been reflected upon in academic literature (Winstock, Wolff, & Ramsey, 2001).

Kevin argued that the testing kits are beneficial in that they let the consumer know what kind of drug they are taking and what they might feel after ingesting it:

The people [dealers] that I get mine off [ecstasy] are very onto it, you know, they have testing kits and stuff. They are a fucken great idea. When I was in Europe you could just walk into a clubs there and pull a pill out of your pocket [and put it] into the machine and they would test it and give it back to you. It's not like I am going to go, "Oh, it has such and such in it I am not going to take it", but you do get an idea of what certain pills are good and what last a long time and what pills are a bit rough and what pills might make you feel a bit seedy and what ones are a bit 'smacky'.

Thus, drug-testing kits were considered by some of the users to be a beneficial device for identifying and managing the effects of impurities of ecstasy tablets.

In summary, some of the key informants associated their regulatory practices with harm reduction. For instance, Kevin discussed how harm reduction practices are more beneficial for ecstasy consumers than legal sanctions:

[Legal sanctions] It is not a deterrent. The amount of people getting busted compared to the amount they are taking – it would be minuscule. If people are doing it you might as well focus on making sure that they don't fuck themselves up or that they are taking the correct amounts and that they have all the stuff around them that they need in order to have a successful experience. I mean it is always going to go on. [Pill testing] It is way more about the harm reduction side of it. It is like I said before; people are going to take drugs regardless of what you are doing. It's not like; it almost seems, through my career in drugs, that it has never really concerned me that it is illegal. Its not like, "Oh, I am breaking the law" (Kevin).

Similarly, Mick argues that legal sanctions are not a deterrent because you cannot go to jail for consuming ecstasy:

You can't go to jail for taking it. No one is holding enough to get arrested, I think you'd have to be holding 50 or 100 [tablets] and no one holds that many, unless they do deals.

Instead, as Brooke suggests, drug policy should focus on,

Making sure that they [users] are taking their drugs in informed ways, so they know what they are doing themselves and how to reduce the risks that they are taking.

Further, one of the strategies some users thought could potentially aid harm reduction is home pill testing kits. Some of the key informants in this study also suggested the ways in which group strategies could decrease the reduction of harm. This is discussed in the next section.

Dance Party Reduction of Harm

My philosophy as a promoter has always been harm reduction and education. That whole philosophy that people are going to do it anyway if they want - whether it be in a park, at home, at school or at a club. It is a shame that as a raver you are automatically classed as a drug-taker in this society, the two seem to be inextricably linked whether you've ever taken anything or not, but I wouldn't call that important (Brooke).

Brooke's comment illustrates how dance party promoters accept responsibility for reducing ecstasy related harm. The harm reduction concept considers that 'setting' is an important component of ecstasy-related harm. Hence, strategies can be focused on controlling the premises where ecstasy is likely to be consumed (Saunders, 1997: 195-6). This section describes some of the potential hazards of consuming ecstasy within particular dance event settings in Christchurch used by the participants in this study. Throughout the discussion, the relevance of guidelines for promoters of dance events generated by the MOH is explored. Users' suggestions for improvements in consumption settings that would aid successful reduction of drug-related harm are highlighted.

All the participants agreed that event organisers have knowledge of users' consumption of ecstasy at indoor dance parties. Jake and Samantha explain that club owners must notice their "punters" lack of alcohol consumption and increases in the purchasing of water,

The vast majority of them [club owners] I am sure they do [know that people are on ecstasy], especially if they are big DJs that they have put on – they must do. They would definitely know that some would be on stimulants. You know, the people there are not drinking generally. There would be a few people drinking and having a bit of pot, but people are having stimulants of some description and a good proportion of that is ecstasy. They have got to know (Jake).

I think most of the organisers know, I mean the bouncers are there to stop it; they don't want it overtly like, "I'll pass a pill on to you", but they know and they set up their gigs for that. I mean very rarely do you see people there selling alcohol; they make all their money selling water and ticket sales (Samantha).

A large number of the key informants suggested that a small percentage of settings in which users might consume ecstasy, namely indoor dance parties, were not sufficiently organised around the ideas of harm reduction. The MOH guidelines for dance party promoters, stipulates that they should attempt to provide drinking water, controlled temperature and ventilation, prevent over-crowding and have adequate security coverage. However, when the

participants were asked the question, “Do you think that the nightclubs in town are organised around the fact that people may be consuming ecstasy and other drugs?” users often discussed the lack of facilities and monitoring of crowd inflow. For instance, three-quarters of the key informants named one or two dance clubs in Christchurch that they thought were potentially dangerous not only for ecstasy consumers, but for “punters” in general.

I was walking past there [Christchurch club] one night and we were going to go in because there was quite a good gig on. Anyway, we thought we would buy tickets at the door but they were sold out. You should have seen the people coming out of there...I thought, I don't really want to be in there anyway. It was a dark little room and half of them [dance goers] didn't even look legal, like they were just eighteen, covered in sweat, coming out just looking absolutely blazed (Samantha).

I don't think there is much attention paid to it as far as when they organise the gigs. Sometimes they put up “trippy” visuals for people to focus on and it's obvious that they kind of acknowledge it because they charge so much for water. So, the clubs are obviously aware of it because people are drinking less alcohol and they are charging more for water. No, not really, I haven't seen anything. Not in the clubs, in the outdoor one's for sure. There is always medical people and free water, but in town at the clubs, I don't think they pay much attention to it at all. (Torque)

Samantha and Torque's comments exemplify the views of key informants on some of the dance venues in Christchurch.

The main complaints focused on the absence of chill-out areas, venue size, overcrowding and ventilation. The MOH guidelines suggest that promoters should take these issues seriously and address the following issues:

- Ventilation should be appropriate to the type of venue and event. Mechanical systems employed should be in full working order and in operation if appropriate.
- Venues should put chill-out spaces in place that allow partygoers to rest and cool down. These areas should be quiet, cool and preferably non-smoking.
- Smaller clubs that may not have the space to have chill out areas should maintain an overall cooler area to prevent dancers overheating.
- If applicable, venues should have a secure room for people to leave their bags and extra clothing (Ministry of Health, 1999b: 5).

Unfortunately, the key informants argued that one or all of these controlling mechanisms were absent in various venues around Christchurch. For instance, Nancy describes the negative aspects of small venues and lack of chill-out areas,

Yeah, chill-out spaces would be good. Because it gets so hot in there and that is why there are a lot of people out on the street, you know, you go to a gig and there are lots of people out on the street getting fresh air. I think maybe they cram them sometimes,

which is pretty shit because there are bigger venues around for them to have them. It is all a matter of them getting gigs I suppose and that this club is going to pay for them to play there but they are not big enough venues for the gigs they are having and the amount of people that turn up (Nancy).

Samantha, illustrates her dislike for the Christchurch venues,

[In Christchurch]...there has to be something really good on for me to go out. I will go out to some of the bars down ***, have drinks, and catch up with people but to actually go out dancing there has to be something good on...if you spin out, which can happen, there is nowhere to actually go apart from out on the street. This is not the entirely safest place to be when you are spinning out on 'E'.

Terrance discusses his grievances with the lack of ventilation in some of the clubs in Christchurch,

I don't mind being in a jammed packed club as long as it has ventilation. At any big city, anywhere else on a Friday night will have their clubs rammed. Like at *** you would be sweaty and just about dying [of heat], I am surprised it didn't get shut down. I have seen people get taken out of there on stretchers. A lot of clubs have hired security and it is on their heads...they are professional [s]...it is up to them to keep tabs on [the numbers going in] (Terrance).

Brooke was involved in the promotion of outdoor dance events and argued that apart from the issues discussed above, access to fire exits is limited at indoor dance clubs. She demonstrates this negative aspect of indoor dance venues in relation to incident that had occurred in a New York nightclub around the time of the interview. The fire which occurred in this club alerted her to the limited fire regulations in clubs around Christchurch,

I think the facilities in New Zealand in clubs for people using ecstasy or any drugs are really shabby. Like look at the fire in New York, when that happened I sat there and thought, 'Oh my god', look at *** or *** or *** [different venues in Christchurch]. How the hell, if you have a full night, if you have a huge fire or something happens, how do you get people out one staircase that fits maybe two people across and ten people on it at a time...people are going to die in Christchurch.

However, the participants emphasised that not all indoor dance parties are badly organised. From my own observations this seemed correct. Some dance party events have adequate security, monitoring of inflow, large dance area, and easy access to toilets and bar area. One example is a nightclub I attended several times. This venue was larger than most in Christchurch and provided an upstairs area for consumers to potentially "chill-out". Usually, even on busy nights, this area was less crowded allowing for people to sit, talk with friends and take a break from dancing. The crowd intake was monitored closely and often there were queues to get in, which indicates that they try to control how many "punters" they let in at one time. There was easy access to the bar and toilets and recently these facilities were expanded with the establishment of a link to a quieter bar behind the venue.

Torque illustrates the differences between “good” and “bad” venues in Christchurch,

I don't think they do a number count, but they do account for how many are going in, it depends on who is putting the gig on and how much money they want to make. There are certain clubs around, like ***, that is a fucked club and it is a shame because people put a lot of money into getting good acts over and you don't get a true representation of them. *** is a totally different kettle of fish, that is a club that is set up for a good fucken night...it has a descent size dance floor, good access to the bar, the toilets could be a bit better accessed and then it has the area upstairs that almost does act as that chill-out zone (Kevin).

Larger outdoor dance parties were considered to be relatively well-organised around drug consumption. Torque had attended and DJ'ed at a number of outdoor events and observed that promoters provided a number of facilities to reduce harm:

At the big outdoor events, they have to acknowledge it. It has just becomes part of the big outdoor events because that is kind of what people do at them and stuff. They have to acknowledge it and they have readily available water and first aid people around and often have flyers about the safe use of drugs. I think that is really good. You roll up and they hand you a flyer that explains to people about drugs and what they do. A sensible attitude towards it is always good. You can't block it out because it is always there, so the only way to really deal with it is to have a mature attitude towards it and acknowledge it (Torque).

The outdoor dance events that Brooke organised implemented several harm reduction strategies. It was an essential part of the organisation was about keeping people safe.

People are going to take drugs whether you like it or not. If it wasn't dance parties people would take it at big air shit [motorcycle show] like what is on today. You know, they are going to take drugs and get on motorbikes or take drugs and go to dance parties, whatever they are doing. People are going to take drugs; the question is keeping them safe. Making sure they are taking their drugs in informed ways, so they know what they are doing themselves and how to minimise the risks they are taking. (Brooke)

To keep people safe, Brooke developed an ‘ambience zone’ where people could ‘cool off’ from dancing or chill-out if they were not feeling well. Outdoor events also have free and bottled water available, food, first aid sites, police attendance and toilets. From my attendance at several outdoor dance events, I observed that most promoters organised parties that included these safety features.

Some of the key informants made suggestions about possible improvements to some of the venues in Christchurch based on their experiences of dance parties overseas. They described their experiences of overseas dance events as well-organised around the idea that “punters” might be consuming ecstasy. Samantha described how clubs in Sydney provided chill-out rooms and water bars,

Every club you go into will have a chill-out room. There are bars specifically set out for water. There is always a chill-out zone. There is like, just a women on a couch playing the guitar and beanbags and you can just walk in there if you want time out and it is really peaceful. They have tables set up with boxes and boxes of water. But they charge a bomb for them though, its normally like four or five bucks. You could just buy one and fill it up in the bathrooms (Samantha).

Samantha argued that the acknowledgment of harm reduction by Australian dance party organisers was facilitated by the large numbers of dance goers using and accepting ecstasy consumption:

The thing is it is so much more accepted in other places than it is in New Zealand, I think. It is pretty much a given in Sydney that when you go to a club there that 99% of people will be on some sort of drug whereas here it is not. A lot of people sort of think of it still as a 'wow' factor, like, "Oh my god, she is on 'E'" but in Sydney you are a bit weird if you're not on 'E'. It's like, "Sober tonight are we?" (Samantha).

Jake describes how London clubs are similar, in that nightclubs provide water and chill-out rooms. He argues that because of the high numbers consuming ecstasy at dance events the organisers supply facilities to meet the needs of their "punters":

I guess in the London situation, it is what the customer demands and if the people that own the club recognise these demands then they will supply them – it is all about supply and demand. Here I think they do, but ecstasy users don't really need a hell of a lot of facilities apart from some water I reckon...I think you need just as much medical attention for drinking alcohol as you do for taking ecstasy. It is all proportional to the size of the population. They are pretty good here. I actually haven't been to a lot of gigs since I have been back, I have been to a few at the *** and that, which is a good size venue, but obviously they are a lot smaller than the venues in London (Jake).

Jake argued that the indoor dance events in Christchurch are limited in what they can provide because of location, small venues and limited numbers of attendees, his expectations of harm reduction strategies were shaped by these factors.

Individual Choice versus Dance Party Organiser Responsibility

This discussion has illustrated the individual and/or dance party harm-reduction strategies of a set of ecstasy users. The findings from this study highlight the relevance of the harm reduction concept, as outlined in the *National Drug Policy*. One of the issues generated through discussions with participants on these issues was the tension over who is responsible for minimising ecstasy related harms. A theme emerged out of the interview material that polarised drug-related harm as either an individual users or dance party organisers problem. Terrance and Brooke exemplified this theme. Terrance argued that drug use is an individual's choice and therefore drug-related harms should be the responsibility of that an individual

consumer. In contrast, Brooke stated that dance party organisers also have an obligation to maximise their patrons' safety. From this point of view, drug-related harms could be seen as the dance party organisers problem and promoters should feel a social responsibility towards safeguarding the consumers who use their venues. For instance, Terrance states that indoor dance promoters are running a business and ecstasy users are consuming their services. By virtue of being a business, promoters should not have to provide free water. Further, if individuals can afford a ticket and ecstasy pill for the event, then they can purchase water; it is their responsibility:

They are running a business, why should they have to put up with you because you are on drugs? You are not buying anything in there – that is another cop out; there is a tap in the toilets go get water from there if you are thirsty! You are in someone's establishment – you have to play the game. If you are thirsty for beer, you don't go out and ask for a free one. If you have paid \$25-49 in a club, you have got enough to buy a \$4 water. If you have enough to buy an \$80 'E', [then] you definitely have enough to buy water. They should not have to give you free water just because they don't want you to cark it at their club (Terrance).

In contrast, Brooke argues that harm reduction strategies are the responsibility of both individual users and dance party organisers. Promoters, she argues, can create drug-related harm by ignoring the ways their venues could contribute to negative outcomes. Instead of considering principles outlined in the MOH guidelines, some promoters continue to run their events as a 'business' without attention to consumer health and safety,

You have to say, "We acknowledge that people take drugs at these places. We do not condone it or encourage it, but this is happening, therefore people are obviously doing this. We have got to account for that and try and keep them safe, we don't want them to go from a fucken cold marquee to a hot tent"...are they going to wait until someone dies? I don't care if is water, a fire, over-crowding or someone falling over and hitting their fucken head. Alcohol is such a big lure; it is such a profit margin. You sell alcohol at 150 per cent and your sitting on a gold mine. You have to take care of your punters; if you want them to keep consuming there; you have to look after them. I just can't see why more of them don't, it's ridiculous; it's just for a quick buck.

The tension between gaining profit versus paying for public safety is an issue that Brooke feels limits promoters from implementing group harm-reduction strategies. Therefore, although the individuals in this study employed and generally recognised the importance of individual harm reduction strategies, dance party promoters identification of their responsibilities for the safety of their partygoers seems limited.

Addressing Ecstasy Related Harm

Production, Fluidity and Control

This thesis has focused on the experiences of a set of ecstasy users. Fieldwork based, it has explored the participants' utilisation of specific practices and knowledge of ecstasy within the social context of Christchurch. This chapter reviews the findings presented in previous chapters and considers their relevance for harm reduction policies in New Zealand.

Implicit in the substantive chapters of this thesis is the argument that the effect of ecstasy is a *post hoc* achievement. Users consume ecstasy to experience ecstatic pleasure. However, ecstatic pleasure is not a direct consequence of the pharmaceutical properties MDMA. Instead, this research demonstrated how ecstatic pleasure is constructed, negotiated and emerges through social interactions among materially heterogeneous actors. The participants in this study described a variety of skilful practices and knowledges that help them maximise the realisation of ecstatic pleasure. Some of the main actors that helped construct and organise the participants' contingent practices and knowledge were locations, settings and ecstasy itself. This research has explored how ecstasy is not a passive object, but rather something that actively co-configures ecstatic pleasure.

Analysis of interviews, participant observation and questionnaires has been organised around the themes of production, fluidity and control. Chapter Four explored the first theme of **production** through attention to some of the participants' positive experiences of ecstasy. In this chapter, I argued that 'ecstatic pleasures' are performed through various techniques, skills, knowledge of objects; organisation of space, time, place and friends; and understandings of 'frame of mind'. I illustrated the production of ecstatic pleasure by describing users' administration, organisation, and polydrug and/or co-use practices. This discussion provided an account of how users both *make* and *let* ecstatic pleasures occur.

The second theme of **fluidity** was illustrated in Chapter Five through a discussion of the possible disruptions to ecstatic pleasure amid the changing face of ecstasy, people, space and place. Four aspects were considered: purity; price, access and availability; setting; and, instability of consumption. The chapter emphasised the importance of mapping the possible

implications of the contingent composition of objects, locations, and people when studying ecstasy consumption. It was argued that the onset of ecstatic pleasures can be disrupted by factors pertaining to ecstasy (purity, excessive consumption), setting (price, access, dependency, tolerance), and users (life commitments).

The third theme of **control** explored how participants address their negative experiences of ecstasy. It presented the users' identification and/or utilisation of individual and dance party harm reduction strategies. I defined individual harm reduction strategies as users' employment of specific practices and knowledge to manage, control and reduce potential negative outcomes. Dance party harm reduction strategies were used to describe participants' accounts of potential drug related harms associated with ecstasy consumption within specific Christchurch settings and their identification of possible improvements to these environments.

My identification of these themes and my analysis of them was shaped by the ontological insights of Actor Network Theory. I argued that ANT provides a set of tools to map how people, things and knowledge spread, circulate and move to connect and form networks. These three themes implied that users' experiences of ecstasy emerge through specific practices and knowledge located in specific spaces and/or places. What ecstasy *does* for the participants of this study is the *effect* of a multiplicity of practices played out within specific contexts. I argued that experiences of ecstasy were not constructed through humans alone. Discussion with participants suggested that the chemical content of an ecstasy pill, the stages of ecstasy and physical environments for consumption were integral to the organisation of their practices and knowledge. Participants' differential experiences of ecstasy change through time and space and this contingency *actively* (re)shapes and (re)configures these young adults' practices and knowledge. The thesis has illustrated that the successful facilitation of ecstatic pleasures involves a series of practices and knowledges. At the same time I have argued that users' practices and knowledge are only learnt through their experience of ecstasy.

Research and Harm Reduction Policies

Discussion of production, fluidity and control has demonstrated that ecstasy users both 'let' and 'make' the effects of ecstasy occur. The aim for users was to successfully potentialise ecstatic pleasures. To do this, users identified a series of actors that could disrupt the onset of pleasure. Hence, users can (and do) effectively reduce the possibility of negative experiences occurring; they actively participate in individual harm reduction strategies. The interview material generated accounts of the potential disruptions relating to excessive consumption of

ecstasy, dependency and tolerance of ecstasy, hangovers, individual disposition, wrong settings and different types of ecstasy. The practices and knowledge utilised by participants to reduce these harms, included moderating consumption, rationalising about hangovers, looking after others, knowing one's self, and dealing with impurities.

The research indicates that some participants' practices and knowledges were similar to the experiences presented in the information leaflet developed by the Ministry of Health. This leaflet suggested that users could avoid the risks of ecstasy through looking after themselves and others. It stressed the importance of recognising how the 'set' and 'setting' factors contribute to users' negative experiences of ecstasy. Similarly, some participants identified that particular individuals should not consume ecstasy and argued that users should be able to recognise when their consumption is becoming excessive. Some participants emphasised that using ecstasy with the right friends and looking after them was an important issue.

The Ministry of Health publication did not provide strategies for all the factors that contribute to participants' negative experiences of ecstasy. It explains that drugs can affect users differently depending on the drugs' content, but does not suggest any strategies for dealing with impurities. However, the participants utilised their own practices to reduce drug related harms relating to different types of ecstasy. Users had knowledge of the different types of ecstasy – 'smacky' or 'speedy' – that could contribute to negative experiences. Some of the key informants explained how they 'deal' with these variations in quality by employing home pill testing kits. Natural remedies such as fruit and herbal pills were suggested by some participants as useful for reducing the harms associated with the after-effects of ecstasy. Products such as Stargate's 'After-E' and 'Before-E' were utilised by participants to prepare for, and manage the come-down stage of ecstasy. Making time to recover and rationalising about the ecstasy hangover were important practices employed by users to cope with the after-effects. Recognition of these techniques by the Ministry of Health could benefit further developments in harm reduction strategies for ecstasy, for instance, through publishing the possible impurities that could be contained in an ecstasy pill/capsule and the advantages of pill testing kits.

Implications for Policy

The findings presented in Chapters Four, Five and Six have also generated two important implications for New Zealand's drug control policy. First, if users' experiences, practices and knowledges of ecstasy are in a constant state of flux, **how can harm reduction policy keep up with this fluidity?** Chapter Four described the fluidity of dance culture in relation to genre

fragmentation. It stated that the multiple genres that constitute dance culture each hold diverse styles, philosophies, tastes and bring in different crowds, drugs and reasons for using these drugs. Genres are continuously changing and new networks unfold as different actors enter the scene. If policy is to address ecstasy consumption within these fluid settings, this complexity, diversity and contingency are important considerations. Chapter Five described the changing face of ecstasy amid different versions of the drug, individual users, friendship groups and local and global settings. From this exploration, it seems important that policy should recognise the contingent characteristics of users, ecstasy, and settings. Especially important is the local features of ecstasy consumption in Christchurch that impact on users' experiences of ecstasy. Local practices and knowledge relating to access, price, availability, purity and settings all contribute to the specificity of ecstasy consumption in Christchurch. Future sociological research on the fluid constitution of settings, users and ecstasy would arguably aid the implementation of successful harm reduction strategies.

Second, a core finding of this research was participants' complex understandings of the relationship between individual and social responsibility towards drug-related harm. At the heart of this were participants' concerns over whether the consumer and/or venue operator is responsible for controlling ecstasy related harm. Some participants argued that drug consumption is an individual choice and correspondingly, drug-related harm is that individual's responsibility. On the other hand participants argued that drug related harm is also, in part, created through uninformed usage of ecstasy and unsafe settings. Consequently, people/groups other than the individual user have a responsibility to provide information about the risks of ecstasy consumption and create facilities within particular settings to reduce drug related harm.

Who is responsible for harm minimisation? What are the responsibilities of dance party promoters and club managers? This research has suggested the importance of dance party strategies for reduction of drug-related harm. This is exemplified in the ways in which some promoters of dance parties fail to acknowledge the risks of ecstasy consumption at their events because in doing so it may imply that they are 'condoning' illegal drug use. I became aware of this when I tried to contact promoters to talk about their understandings of their responsibilities for harm reduction associated with ecstasy use. One promoter promptly turned down my invitation in an effort to remove their event from any association with ecstasy consumption. Consequently, the research was limited by its lack of access to dance party promoters' views on drug consumption at their events. From my own observations when attending dance events in Christchurch it is obvious that venues could be improved. The

following considers what could be changed in order to improve the safety of nightclub settings in which ecstasy is likely to be used.

Future Considerations: Policy and Research

One way of addressing the implications that emerged from this research is to explore the harm reduction strategies adapted by other countries. Further research into these strategies could contribute to consideration of new harm reduction strategies in the New Zealand context. Below I discuss **some** of the harm reduction methods conducted overseas.

Over ten years, many European cities have developed ‘peer projects’ that promote individual choice and drug awareness within various electronic dance music communities. In 1998, the ‘Basics Network’ was formed to facilitate cities in constructive engagement aimed at sharing knowledge and information for the development of European policy. This network is funded by the European Commission and comprises of 20 groups from six countries. The Basic Networks have been working towards both individual and group harm reduction strategies. The aim of individual harm reduction is to enable people to manage their personal pleasure and related risk in an informed manner that fits **their** life concepts. Users can make their **own** decisions about their drug use while having access to support and information as they consume. The Basic Networks continually develops as participants share information with others. Thus, there is constant room for **re-adjustments** in light of the changing face of ecstasy through time, place, space and people (The Basics Network, 2003).

The Basic Networks argue that top-down policies aimed at electronic dance music communities are repressive and can force events ‘underground’ where they become illegal unlicensed parties. In contrast, they suggest that local authorities should promote the development of ‘safer dancing’ projects. For effective group harm reduction, the Basic Networks argue that collaboration between club owners, party organisers, police officers, and drug agencies need to be established within local communities. A neutral resource person should be appointed in each case to facilitate coordination and mediate between all the actors. If they were supported by local authorities, this could effectively reduce the concerns promoters have over being perceived as ‘condoning’ drug use (The Basics Network, 2003).

Another major development in group harm reduction at dance events is exemplified in the Netherlands ‘Safe House Campaign’. The Safe House Campaign refers to the safe use of drugs and safe sex within the context of large scale dance parties. It involves campaign workers setting up a desk at large scale dance parties where information and condoms are

available. Users of the Safe Houses can also test their ecstasy pills and receive information on the impurities contained in their pills. First Aid workers are also present at the desk to provide support for users experiencing drug related medical or psychological problems (Spruit, 1999: 657-8).

Supplementing the Safe House Campaign is the Dutch Drugs Information Monitoring System (DIMS). DIMS was developed by the Netherlands Institute for Alcohol and Drugs in 1992 to generate information on several 'hidden' drug markets in addition to data facilitated through addiction agencies, scientific research, police and justice. To do this, a network of informants including treatment agencies, social workers and ex(users) was set up. Further, in cooperation with the Safe House Campaign, thousands of ecstasy tablets are monitored as a means for nationwide quality control (Niesink, Nikken, Jansen, & Spruit, 2004). The aims of the DIMS project include educating ecstasy users about the chemical contents of their pills and their potential effects and issuing warnings when high doses of compounds like LSD or amphetamines are encountered. The DIMS project began as a service for inexperienced users of ecstasy, but has now become beneficial to experienced users because the purity of ecstasy can never completely be characterised by smell, look or taste (Spruit, 1999: 657). Presently, drug monitoring has expanded beyond the large scale settings with drug testing results accessible to users online at various websites (Schroers, 2002).

In relation to smaller indoor dance parties, Bellis *et al.* suggest a number of strategies to reduce drug-related harm. Their concept of a 'healthy settings' approach recognises that the adverse effects on individual's health are in part, contributed through general conditions of nightclub settings. To develop healthy settings, this article promotes well marked fire exits, crowd control training, strict compliance with fire limits on the building's capacity, smoking, noise levels and sexual health. They develop several solutions that are both similar and different to the MOH guidelines. This is summarised in the table (page 141) adapted from Bellis *et al.* and characterises the health risks of drug and setting related harm, possible responses and groups that could be involved (Bellis et al., 2002: 1031). Most importantly, the suggestions extend the responsibility of harm reduction from the club owners to an array of groups, including drug outreach workers, health promotion groups, licensing authorities, local A & E, and so on. The emphasis is on collaboration among multiple groups to collaborate to create healthy settings.

Health Risk	Relationship to Substance	Setting Response	Groups Involved
Dehydration and Hyperthermia	Ecstasy can alter thermoregulation. Alcohol consumption can cause dehydration	Prevent overcrowding, ventilation, and temperature control. Provide cool and quiet 'chill out' areas Access to cool, free water Information on effects of taking drugs Pill testing First aid room and staff training	Club owners/staff Drug outreach workers Health promotion groups Licensing Authority Club goers Local A&E
Fire	High levels of smoking among club goers Intoxication leads to disorientation Flammable clothes	Prevent overcrowding Visible and accessible emergency exits Available fire equipment Ensure electrical equipment is safe Encourage non-combustible material	Club owners/staff Fire authorities Building inspectors Licensing authority Club goers
Noise control -Damage to hearing	Alcohol and drugs reduce awareness of hearing damage Greater exposure to noise due to prolonged dancing	Set maximum levels on systems Restrict access to areas around speakers Make earplugs available Provide information on the effects of excessive noise Information on hearing damage	Club owners/staff Club goers Environmental inspectors Licensing authority Health promotion
Sexual Health -STDs and unwanted pregnancy	Alcohol and drugs reduce inhibitions	Easy availability of condoms Information on safe sex	Health promotion Public health department Contraceptive services Club owners Club goers
Accidental harms - Glass, burns, falls	Disorientation Anaesthetising effect of substances Lack of fear, confidence and increased risk-taking	Toughened glass, plastic bottles or cups No drinking or smoking on dance floor Provide space to put out cigarettes Well-lit and clear staircases Restricted access to potentially dangerous areas Secure fixtures and fittings On-site first-aid	Club owners/staff Public Health Department Health Promotion groups Licensing authority Club goers
Violence	Alcohol and drugs can increase aggression	Stagger closing times Increase public transport availability Plastic/ toughened glass Registration and training of staff Complaints procedures and policing	Club owners/staff Police Licensing authority Club goers Transport authority
Drink/drug driving	Increased confidence Lack of coordination Increased risk taking and lower inhibitions	Provide cheap soft drinks Increase public transport availability Special club buses	Club owners/staff Health promotion groups Club goers Police Transport authority
Passive smoking	Increased smoking when "out" Link between smoking and other substance abuse	Adequate ventilation Adequate breaks for staff No smoking areas Information on dangers of smoking	Club owners Outreach workers Smoking prevention groups Health promotion groups Licensing authority Club goers
Summary of Health Risks - Adapted from Bellis <i>et al.</i> 'Healthy Settings' approach (Bellis, Hughes, & Lowey,			

Further, because of the broad viewpoint of 'healthy settings',

...the emphasis of health interventions can be diverted away from solely drug use to include a wider range of issues. This means that key individuals and organisations including club owners, staff, promoters, and major industries can be engaged in a harm minimisation agenda that includes drug use with alcohol, tobacco, transport, security, and other environment issues (Bellis et al., 2002: 1032).

The guidelines also extend the case for pill testing at dance events and introduce ear plugs, condoms, and toughened glass/plastic glasses as possible tools that could reduce drug-related harm (Luke et al., 2002: 552). Although I have only reviewed some of the many different harm reduction responses to ecstasy, they do suggest that further research into methods such as these might benefit the development of drug policy in New Zealand. These methods need to be considered in relation to specific contexts in which ecstasy and other recreational drugs are consumed.

From the research completed overseas and arguments developed in this thesis, I have identified five important issues that could be considered in the development and implementation of harm reduction strategies in New Zealand:

- Establishing pill testing at large scale dance events and the advocacy of home testing kits;
- Research into the contents of herbal pills, their risks, and their utility as methods for alternatives to illicit drugs or as harm reduction for the 'after effects' of ecstasy,
- Increasing awareness or education for club owners, staff, ecstasy users and the wider community on the importance of chill-out areas, water, toilets and other setting controls within the dance party environment,
- Attention to polydrug/co-use with ecstasy within a variety of settings in New Zealand,
- Need for further research that identifies recreational users as knowledgeable users of harm reduction strategies and their practices as complex, multiple, locally specific, and fluid.

Closing Arguments

The research set out to answer two questions, what are some of practices and knowledges of ecstasy users within Christchurch? And, how can sociological analysis of users' practices, knowledge and localities of ecstasy consumption inform the development and implementation of harm reduction measures? The two questions were examined in Chapters Four, Five, and Six through an analysis of a set of users' experiences of ecstasy in Christchurch. In these

chapters, three arguments were made. First, it was illustrated that users both ‘make’ and ‘let’ the pleasurable effects of ecstasy occur through the utilisation of specific practices and knowledge of objects, space, people and place. Second, it was argued that users’ practices and knowledge are fluid and that location is an important factor that shapes users’ practices and knowledges of ecstasy. Third, it was shown that consumers of ecstasy can minimise negative experiences through the use of particular knowledge acquired through their own and/or others’ experiences of ecstasy. The conclusions from these research findings suggest that experiences of ecstasy are a result of users’ practices and knowledge in conjunction with ecstasy within specific contexts.

The research findings have some implications for existing drug control methods. First, this investigation suggests that successful harm reduction policy must pay attention to the fluidity of ecstasy users’ practices and knowledge. Second, the research findings suggested that there was a complicated relationship between individual and collective responsibilities for harm reduction with respect to ecstasy use. In these respects this study has indicated that attention to the practices and knowledge of users is useful in the development and implementation of harm reduction strategies in New Zealand.

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Appendix One: Profiles of Key Informants

This appendix provides summary information on the the key informants (the names of the participants have been changed) sex, age, occupation of the informants as well as their first time experience with ecstasy, their general patterns of drug use and my reasoning for inviting them to participate in this research project.

“Mick” is 29-years-old male and works full-time in the carpentry industry. Mick first tried ecstasy five years ago and classifies himself as a regular user taking ecstasy weekly or monthly depending on availability. He plays competitive soccer and usually spends his weekend nights socialising with his team mates and close friends at the local pub or at larger social gatherings at each other’s houses. Mick usually uses ecstasy within these social settings and only occasionally attends nightclubs in the city. I asked Mick whether he would be interested in being involved in this research because of his regular ecstasy use and his consumption patterns in social settings ‘at home’ rather than at dance parties.

“Brooke” is a 28-year-old female who works full-time in the audio-visual industry, as a dubs technician copying and transferring music, film and data. Additionally, Brooke acts as an agent or artist liaison to help electronic music producers get their music heard. I approached Brooke because of her long history as a participator, DJ and events organiser of various dance parties around New Zealand and Australia. From talking with Brooke, I hoped to gain information on organisers’ discussion of ecstasy consumption at dance parties. Brooke was not a regular user of ecstasy and had only consumed the drug once or twice. Rather than focusing on Brookes own experiences, my aim was to draw general information from her on the organisation of dance parties.

“Samantha” is a 22-year-old female who is a full-time university student and part-time worker. Samantha began using ecstasy when she moved to Australia in 2000 and mainly used ecstasy in the dance party setting. Since being back in New Zealand, her consumption of ecstasy has decreased dramatically. Samantha plays indoor netball and occasionally attends dance parties. I approached Samantha to gain cross-country comparisons between New

Zealand and Australia. I was also interested in the different reasons she may have for decreasing her ecstasy consumption.

“Kevin” is a 30-year-old male who works full-time as a retail manager. Kevin first consumed ecstasy four years ago and is an experienced user of a variety of drugs, which he uses on a regular basis. Kevin surfs, skateboards, snowboards and enjoys a variety of outdoor activities. He actively attends dance parties and otherwise enjoys socialising with friends at their homes or at larger social gatherings. After talking to Kevin about my research, I invited him to participate because of his experiences with a range of drugs including ecstasy, his regular attendance at dance parties and his different drug experiences in different countries.

“Torque” is a 28-year-old male who currently DJs and produces electronic music full-time. Torque first tried ecstasy four years and considers himself a light user consuming on average 12 ecstasy pills a year. Apart from DJing on a weekly basis, Torque enjoys surfing and skateboarding. Torque also attends dance parties regularly and otherwise socialises with his friends on the weekends. Torque participated in two of my honours projects and agreed to be involved with this research. Apart from his personal experiences with ecstasy use, Torque’s involvement in the organisation of dance parties was valuable for this research.

“Terrance” is a 28-year-old male who works full-time in the jewellery industry. He first tried ecstasy while travelling in Indonesia five years ago and continues to use ecstasy regularly. Terrance usually consumes ecstasy at dance parties and is quite critical of others that use ecstasy in ‘at home’ settings. On talking to Terrance, I noticed these criticisms and asked if he would be interested in being interviewed for this research. Terrance also used ecstasy in a variety of countries, allowing for rich contrasts.

“Helen” is a 30-year-old female who works full-time in insurance sales. She first tried ecstasy eight years ago in London and still uses regularly. Helen was involved in my one of my honours projects. I decided to approach her again for this research because her consumption of ecstasy fluctuates as her friendship networks and living locations change. This interested me as did her various experiences with ecstasy in different countries. Additionally, Helen was currently in a relationship with a bar manager in the city so she had various insights into ecstasy use at nightclubs and whether or not this consumption is recognised by the owners of the premises.

“Jake” is a 28-year-old male who works full-time as a computer technician. Jake first tried ecstasy three years ago while in living in London. He enjoys surfing and other outdoor

activities in his spare time. I approached Jake because he had just begun a family with his partner. This interested me because although his ecstasy use has declined slightly, he still consumes the drug on a light to regular basis. I was interested in seeing how Jake negotiates his ecstasy use in relation to these major changes within his life. When we spoke informally, Jake also referred to cross-country comparisons, which I thought might be useful for this investigation.

“Nancy” is a 23-year-old female who has two part-time jobs as a graphic artist and retail assistant. Nancy first consumed ecstasy in 2000 while living in Australia and uses ecstasy on a regular basis in Christchurch. Nancy enjoys attending dance parties and social gatherings at her friend’s houses. Like Terrance, Nancy was critical of those who used ecstasy for no particular reason. She also referred, when we talked informally, to differences between ecstasy consumption between her Australian and New Zealand networks of friends. I decided to approach her for this research because I was interested in these initial comments.

“Josie” is a 25-year-old female who works full-time as a receptionist. She first tried ecstasy in 1999 in Christchurch at a dance event. Her consumption of ecstasy has declined over the past few years and she only consumes ecstasy on special occasions. I was interested in her reasons for this decline in consumption. She also attends dance parties on a regular basis without using ecstasy. Her experiences of not using ecstasy in this environment when most of her friends are consuming, was an interesting topic to investigate.

Appendix Two: Interview Information Sheet

You are invited to participate in research project '**Ecstasy, Risk and Regulation**'.

The aim of this research is to explore how young adults in Christchurch use ecstasy, the risks involved, and the relationship between these risks and New Zealand drug policy. Little research has been done on this topic in Christchurch or New Zealand generally.

Your involvement will include a 1-1 ½ hour interview on how, when, why and where you take ecstasy, any risks that you identify and how you manage these risks. I will return a typed transcript of the interview to you within six weeks of the interview. I will also ask you to provide advice on a questionnaire I would like you to distribute to some of your friends who may use ecstasy. When I have had feedback from on this questionnaire from you and others in the study, I will then ask you to pass on this questionnaire to four of your friends who may take ecstasy. If you are available, a further meeting will also take place where we will discuss the transcript of the interview. You will have the opportunity to edit the transcript and decide what material can be included in the study. You have the right to withdraw from the study at any time and withdraw any information generated, including the interview transcript.

The results of the project may be published, but you are assured of complete confidentiality. Your identity will not be made public. If you consent to participate in this research, you will choose a different name that will be used on the consent form, in the transcripts and in the thesis itself.

This research has been reviewed and approved by the University of Canterbury Human Ethics Committee

Katey Thom is carrying out the research for her degree in Masters of Sociology under the supervision of Rosemary Du Plessis and Geoff Fougere. We can be contacted at:

Katey Thom: 326 4860

Rosemary: 364 2878

Geoff: 364 2979

We will be pleased to discuss any concerns you may have about participating in the project.

Appendix Three: General Topics and Prompting

First time

1. Can you remember when you first took ecstasy?
2. Who were you with when you first used it?
3. Where were you when you first took ecstasy?
4. How did you get it, was it bought or did someone give it to you?
5. Why did you take it?
6. Was it what you expected, for example, better or worse?
7. Compared to other drugs you had tried was the experience worse, better or similar?

General Consumption

1. How often do you take ecstasy? For example, in the last 12 months have you used ecstasy, more than once a week, weekly, monthly, every three months, or once or twice a year?
2. Why do you take ecstasy? What benefits does ecstasy give you?
3. Where do you usually take ecstasy?
4. Do you have to be in the right “frame of mind” to take ecstasy?
5. Do you have a strategy for your night when taking ecstasy in terms of when and where you take ecstasy?
6. Do you think this is dependent on what your friends are doing?
7. In your experience does this differ between countries?
8. How much do you take at one time?
9. Do you use moderately or do you tend to binge?
10. Do you use ecstasy in conjunction with other drugs, if so, which ones?
11. Why do you take other drugs with ecstasy?
12. How do you take ecstasy, capsule, pill or both?
13. Can you tell the difference between different types of pills in terms of what is in them?
14. How much does ecstasy cost you?
15. Has your consumption of ecstasy changed over time?
16. Do you think you have built a tolerance to the effect of ecstasy, is this possible?

Friendship networks

1. What proportion of your friends take ecstasy?
2. Is ecstasy an important part of your friendship networks?
3. Have you ever introduced anyone else to ecstasy?
4. Who do you think takes ecstasy? Do you think there is a specific “type” of user?
5. Is it important to take ecstasy in the company of your friends?
6. Is it important to know the people who supply you with ecstasy?

Drug Use and scene(s)

1. Do you think ecstasy can be taken in isolation or is it more of a social drug?
2. Do you think people take ecstasy at the places you attend?
3. If so, how many people do you think use ecstasy at these places?
4. Do they use other drugs as well?
5. Do you think that ecstasy is an important part of these places you got to?
6. How do you think ecstasy affects people and what happens at these places?
7. What reason would people have for taking ecstasy at one of these places?

Organisation of these scene(s)

1. Do you think the organisers of these events know that people may be taking ecstasy (and other drugs)?
2. If so, are there good facilities for users, for example, free water, enough toilets that are easily accessed and chill-out areas?
3. Are the venues big enough for people that attend?
4. Do they control how many people attend?
5. In your opinion, is there (any) enough security, medical or service staff to cater for everyone or if something were to go wrong?

Negatives of ecstasy

1. Does the cost of ecstasy deter you from buying it?
2. Would you buy more if it were cheaper?
3. Have you ever incurred debt from your ecstasy use?
4. Have you ever had any bad experiences on ecstasy, if so, what are they?
5. Have you ever felt unwell?
6. If, so, for how long did this last, 30 minutes, 1 hour, or 2 hours and longer?
7. Where were you when you felt unwell?
8. When you felt unwell, what help did you receive?
9. If someone else did not feel well, what would you do to help him or her?
10. What do you think the common negative experiences are that people have with ecstasy?

Appendix Four: Questionnaire Information Sheet

You are invited to participate in research project '**Ecstasy, Risk and Regulation**'.

The aim of this research is to explore how young adults in Christchurch use ecstasy, the risks involved, and the relationship between these risks and New Zealand drug policy. Little research has been done on this topic in Christchurch or New Zealand generally.

Your involvement will include the completion of one questionnaire that will take up to 15 minutes to complete. The questionnaire asks how, when, why and where you take ecstasy, any risks you can identify and how you manage these risks. By participating in this research, you will help add to the existing literature on ecstasy by providing a local analysis on the recreational uses of ecstasy in Christchurch, New Zealand.

The results of the project may be published but you are assured of complete confidentiality. Your name should not be written on the questionnaire, it is completely anonymous. The researcher has asked others participating in this study to pass the questionnaire on to you. She will not know the identities of those receiving the questionnaires.

This research has been reviewed and approved by the University of Canterbury Human Ethics Committee

Katey Thom is carrying out the research for her degree in Masters of Sociology under the supervision of Rosemary Du Plessis and Geoff Fougere. We can be contacted at:

Katey Thom: 326 4860

Rosemary: 364 2878

Geoff: 364: 2979

We will be pleased to discuss any concerns you may have about participating in the project.

Appendix Five: Design and Layout of Questionnaire

'Ecstasy, Risk and Regulation' [original title]

The aim of this research is to explore how young adults in Christchurch use ecstasy, the risks involved, and the relationship between these risks and New Zealand drug policy. This questionnaire asks how, when, why and where you take ecstasy, any risks you identify and how you manage these risks.

Unless specified, please tick the box that best corresponds to your answer.

1) How long ago did you first take ecstasy?

- | | |
|--------------------------|--------------------------|
| Less than six months ago | <input type="checkbox"/> |
| Six to twelve months ago | <input type="checkbox"/> |
| One to two years ago | <input type="checkbox"/> |
| Two or more years ago | <input type="checkbox"/> |

2) From whom did you first get ecstasy?

- | | |
|-----------------|--------------------------|
| A friend | <input type="checkbox"/> |
| An acquaintance | <input type="checkbox"/> |
| A stranger | <input type="checkbox"/> |
| From family | <input type="checkbox"/> |

3) In what situation were you when you first used ecstasy?

- | | |
|-------------------------|--------------------------|
| At a dance event | <input type="checkbox"/> |
| At the pub | <input type="checkbox"/> |
| On the street | <input type="checkbox"/> |
| At a party | <input type="checkbox"/> |
| At home with friends | <input type="checkbox"/> |
| Other? (Please specify) | _____ |

4) On average how much would you pay for one ecstasy pill?

\$ _____

5) How often in the last 12 months, have you used ecstasy?

- More than once a week ☐
- Weekly ☐
- Monthly ☐
- Every three months ☐
- Once or twice a year ☐

6) In what situation(s) do you take ecstasy?

(You can tick more than one box)

- At home with friends ☐
- At a party ☐
- At an indoor dance party ☐
- At an outdoor dance party ☐
- At the pub ☐
- Other? (Please specify) _____

7) In what situation are you most likely to take ecstasy?

- At home with friends ☐
- At a party ☐
- At a indoor dance party ☐
- At a outdoor dance party ☐
- At the pub ☐
- Other? (Please specify) _____

8) Do the situation(s) you chose in questions 6) and 7) have adequate supply of the following:

(Please tick the any of the boxes beside the situation(s) you chose)

a) At a party:

- Free water ☐
- Enough toilets ☐
- A "chill-out" area ☐
- Enough security staff ☐
- Enough service staff ☐

b) At an indoor party:

- Free water ☐
- Enough toilets ☐
- A "chill-out" area ☐
- Enough security staff ☐
- Enough service staff ☐

c) At an outdoor dance party:

- Free water ☐
- Enough toilets ☐
- A "chill-out" area ☐

d) At the pub:

- Free water ☐
- Enough toilets ☐
- A "chill-out" area ☐

Enough security staff
Enough service staff

☐
☐

Enough security staff
Enough service staff

☐
☐

e) Other:

Free water
Enough toilets
A "chill-out" area
Enough security staff
Enough service staff

☐
☐
☐
☐
☐

9) Do you use other drugs in conjunction with ecstasy?

Yes
No

☐
☐

10) If you stated yes to question 9) please tick which drug you usually combine with ecstasy:

☐ Alcohol
☐ Amphetamines
☐ LSD
☐ Cocaine
☐ Crack
☐ Tranquilisers

☐ Cannabis
☐ Magic Mushrooms
☐ Inhalants
☐ Heroin
☐ None of the above

Other?

(Please

specify)

11) Why do you take ecstasy? (please explain in few sentences the benefits of taking ecstasy for you personally)

12) Have you ever had a bad experience with ecstasy?

Yes ☐
No ☐

13) If you answered yes to question 12), please write something about how you felt when you were having this bad experience(s):

14) What is your age? _____

15) What sex are you? _____

16) Are you: A student ☐
Employed ☐
Unemployed ☐
Other? (Please specify) _____

Thank you for completing this questionnaire. By participating in this research, you have contributed to a better public understanding of ecstasy use in Christchurch, New Zealand.

Appendix Six: Key Informant Consent Form

'Ecstasy, Risk and Regulation'

I have read and understood the description of the above-named project being conducted by Katey Thom. I also have received a copy of the confidentiality form signed by Katey Thom. On this basis, I agree to participate in the research, and I consent to the publication of the results of the project with the understanding that anonymity will be preserved.

I understand also that I can, at any time, withdraw from the project, including withdrawal of any information provided.

Name (please print): _____

Signature: _____

Date: _____

Katey Thom
Department of Sociology and Anthropology
University Of Canterbury
PO Box 4800
Christchurch
Phone: 326 4860

Appendix Seven: Confidentiality Form

Research Protocol: Undertaking on confidentiality of research

I, Katey Thom

am undertaking this research for the fulfilment of her degree in Masters of Sociology under the supervision of Rosemary Du Plessis and Geoff Fougere.

I have informed _____

(Name of participant to be used in this research)

about the purpose and nature of the research and its possible implications for him/her.

I have also informed _____

that he/she may withdraw his/her consent to participate in the research, or his/her consent to have information obtained for him/her used in any written report on this research.

I undertake not to show transcripts of conversations or field notes made during this project to any person other than the participant or my supervisors, unless I have written permission of the person whose interview has been recorded.

I undertake to provide _____

with a copy of the transcripts or field notes of our conversations. Only with their written consent can this document be used within my thesis, which will eventually be placed in the University of Canterbury library.

Signed _____

Date _____

Contact Address _____

Phone Number _____